

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005355

Entity Name: JULIAN LECRAW AND COMPANY, LLC

Current Principal Place of Business:

100 PEACHTREE ST NW
STE 1400
ATLANTA, GA 30303

Current Mailing Address:

100 PEACHTREE ST NW
STE 1400
ATLANTA, GA 30303 US

FEI Number: 20-0712656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOME, STEPHEN D
822 A1A NORTH STE 208
PONTE VEDRA BEACH, FL 32082 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------------|
| Title | MGRM |
| Name | WALKER, LEE |
| Address | 100 PEACHTREE ST NW STE 1400 |
| City-State-Zip: | ATLANTA GA 30303 |
| Title | MGRM |
| Name | BROOME, STEPHEN |
| Address | 822 A1A NORTH STE 208 |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|---------------------------------|
| Title | MGRM |
| Name | TOMPKINS, MICHAEL |
| Address | 100 PEACHTREE ST NW STE 1400 |
| City-State-Zip: | ATLANTA GA 30303 |
| Title | MEMBER |
| Name | WEST, ROBERT H |
| Address | 100 PEACHTREE ST NW STE 1400 |
| City-State-Zip: | ATLANTA GA 30303 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT H WEST

MEMBER

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date