

**2020 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**

**04/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date