State of California  
Secretary of State  
STATEMENT OF INFORMATION  
(Limited Liability Company)  
Filing Fee $20.00. If this is an amendment, see instructions.  
IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM  
1. LIMITED LIABILITY COMPANY NAME  
Pacific Capital Finance, LLC  

File Number and State or Place of Organization  
2. SECRETARY OF STATE FILE NUMBER  
201420210326  
3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)  

No Change Statement  
4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.  
☐  
If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.  

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)  
5. STREET ADDRESS OF PRINCIPAL OFFICE  
5716 Corsa Ave Suite 110  
Westlake Village  
CA  
91362  
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5  
15333 Culver Dr. Ste 340-744  
Irvine  
CA  
92604  
7. STREET ADDRESS OF CALIFORNIA OFFICE  
5716 Corsa Ave Suite 110  
Westlake Village  
CA  
91362  

Name and Complete Address of the Chief Executive Officer, if Any  
8. NAME  
ADDRESS  
CITY  
STATE  
ZIP CODE  

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)  
9. NAME  
Adrian Rojo  
ADDRESS  
26692 Sinforosa Dr  
CITY  
Mission Viejo  
STATE  
CA  
ZIP CODE  
91362  
10. NAME  
ADDRESS  
CITY  
STATE  
ZIP CODE  
11. NAME  
ADDRESS  
CITY  
STATE  
ZIP CODE  

Agent for Service of Process  If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.  
12. NAME OF AGENT FOR SERVICE OF PROCESS  
Incorp Services, Inc.  
ADDRESS  
CITY  
STATE  
ZIP CODE  
(0 229 45<un>  
5)  

Type of Business  
14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
Equipment Leasing/Rental Services  
15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.  
12/22/2015  
Julie Anderson  
DATE  
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM  
SECRETARY  
TITLE  
SIGNATURE  
APPROVED BY SECRETARY OF STATE  
LLC-12 (REV 01/2014)