



The State Bar of California

Brian David Alexander #223473

License Status: Active

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More About This Attorney ▼

Below you will find all changes of license status due to both non-disciplinary administrative matters and disciplinary actions.

Date	License Status	Discipline	Administrative Action
Present	Active		
12/3/2002	Admitted to The State Bar of California		

Additional Information:

- Explanation of licensee status
- Explanation of disciplinary system
- Explanation of disciplinary actions
- Copies of official licensee discipline records are available upon request

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Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

18-C26563

FILED

In the office of the Secretary of State
of the State of California

JUL 02, 2018

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

CENTRAL COAST CONSULTING, LLC

2. 12-Digit Secretary of State File Number
201817310605

3. State, Foreign Country or Place of Organization (only if formed outside of California)
CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 6165 greenwich dr ste 340	City (no abbreviations) san diego	State CA	Zip Code 92122
b. Mailing Address of LLC, if different than item 4a 6165 greenwich dr ste 340	City (no abbreviations) san diego	State CA	Zip Code 92122
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 6165 greenwich dr ste 340	City (no abbreviations) san diego	State CA	Zip Code 92122

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b BRIAN	Middle Name D	Last Name ALEXANDER	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 6165 greenwich dr ste 340	City (no abbreviations) SAN DIEGO	State CA	Zip Code 92122

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) BRIAN	Middle Name D	Last Name ALEXANDER	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 6165 greenwich dr ste 340	City (no abbreviations) SAN DIEGO	State CA	Zip Code 92122

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
CONSULTING

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address			
City (no abbreviations)		State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

07/02/2018

BRIAN D ALEXANDER

manager

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS BEFORE COMPLETING.](#))

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

18-C26563

A. Limited Liability Company Name

CENTRAL COAST CONSULTING, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

201817310605

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name grant	Middle Name	Last Name kreft	Suffix
Entity Name			
Address 6165 greenwich dr ste 340	City (no abbreviations) SAN DIEGO	State CA	Zip Code 92122
First Name mike	Middle Name	Last Name spangler	Suffix
Entity Name			
Address 6165 greenwich dr ste 340	City (no abbreviations) SAN DIEGO	State CA	Zip Code 92122
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FQ91538**FILED**

In the office of the Secretary of State
of the State of California

SEP-11 2017**1. CORPORATE NAME**

HSAKG CONSULTING, INC.

2. CALIFORNIA CORPORATE NUMBER

C4037943

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. 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 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE
6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
GRANT KREFT 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

8. SECRETARY ADDRESS CITY STATE ZIP CODE
BRIAN ALEXANDER 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

9. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
MIKE SPANGLER 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME ADDRESS CITY STATE ZIP CODE
MIKE SPANGLER 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

11. NAME ADDRESS CITY STATE ZIP CODE
BRIAN ALEXANDER 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

12. NAME ADDRESS CITY STATE ZIP CODE
GRANT KREFT 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
BRIAN ALEXANDER

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
CONSULTING

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/11/2017

BRIAN ALEXANDER

SECRETARY

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FQ91533**FILED**

In the office of the Secretary of State
of the State of California

SEP-11 2017**1. CORPORATE NAME**

SLOIG, INC.

2. CALIFORNIA CORPORATE NUMBER

C4045205

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. 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 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ GRANT KREFT	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
8. SECRETARY BRIAN ALEXANDER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
9. CHIEF FINANCIAL OFFICER/ MIKE SPANGLER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME GRANT KREFT	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
11. NAME MIKE SPANGLER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
12. NAME BRIAN ALEXANDER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
BRIAN ALEXANDER

	CITY	STATE	ZIP CODE
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
CONSULTING

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/11/2017	BRIAN ALEXANDER	SECRETARY	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

G161382**FILED**

In the office of the Secretary of State
of the State of California

NOV-06 2018**1. CORPORATE NAME**

CCCIG III, INC.

2. CALIFORNIA CORPORATE NUMBER

C4169504

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. 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 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ BRIAN ALEXANDER	6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			
8. SECRETARY MIKE SPANGLER	6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			
9. CHIEF FINANCIAL OFFICER/ GRANT KREFT	6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME MIKE SPANGLER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
11. NAME BRIAN ALEXANDER	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			
12. NAME GRANT KREFT	6165 GREENWICH DR STE 340, SAN DIEGO, CA 92122			

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
BRIAN ALEXANDER

	CITY	STATE	ZIP CODE
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 6165 GREENWICH DR., STE. 340, SAN DIEGO, CA 92122			

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
HOLDING COMPANY

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

11/06/2018	BRIAN ALEXANDER	PRESIDENT	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE