

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000069897

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: WHO DOES YOUR YARD LTD.CO

**Current Principal Place of Business:**

7414 S.W. 12 CT  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

7414 S.W. 12 CT  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 30-0385648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PIXLEY, RODNEY C  
7414 SW 12 CT  
NORTH LAUDERDALE, FL 33068      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: RODNEY C PIXLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PIXLEY, RODNEY C  
Address: 7414 SW 12 CT  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGRM ( ) Delete  
Name: ROACHE-PIXLEY, NICHOLETTE A  
Address: 7414 SW 12 CT  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RODNEY C PIXLEY

MGRM

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date