


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000049501	
<b>1. Entity Name</b> DAMAGE CONTROL, L.L.C.	

<b>Principal Place of Business</b> 695 N. WEST STREET XENIA, OH 45385	<b>Mailing Address</b> 695 N. WEST STREET XENIA, OH 45385
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**DO NOT WRITE IN THIS SPACE**

05172005 No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 41-2139601	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BARTH, JAMES C 30 SOUTH SHORE DRIVE DESTIN, FL 32550
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**DO NOT WRITE  
IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM SCHENCK, WILLIAM F 695 N. WEST STREET XENIA, OH 45385
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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05/20/05-80003-023 55.00

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IN THIS SPACE**

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** William F. Schenck  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-17-05

Date

937 376 0455  
Daytime Phone #