

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049501

Entity Name: DAMAGE CONTROL, L.L.C.

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

695 N. WEST STREET  
XENIA, OH 45385

**New Principal Place of Business:**

1821 HIGHLANDER DR.  
XENIA, OH 45385

**Current Mailing Address:**

695 N. WEST STREET  
XENIA, OH 45385

**New Mailing Address:**

1821 HIGHLANDER DR.  
XENIA, OH 45385

FEI Number: 41-2139601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARTH, JAMES C  
30 SOUTH SHORE DRIVE  
DESTIN, FL 32550 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHENCK, WILLIAM F  
Address: 695 N. WEST STREET  
City-St-Zip: XENIA, OH 45385

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHENCK, WILLIAM F  
Address: 1821 HIGHLANDER DR.  
City-St-Zip: XENIA, OH 45385

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM F. SCHENCK

MR.

02/07/2006

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