



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>792410</u>		2. Exact name of the limited liability company <u>Ignition Holdings LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Event marketing</u>			
5. Principal office address <u>2406 N. Tift Ave, Ste 203</u>		City <u>Tifton</u>		State <u>GA</u>	Zip <u>31794</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Andi McWhorter</u>		Contact Title <u>CEO</u>			
Street Address <u>same as above</u>		City		State	Zip
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>Andi McWhorter</u>		Manager Name <u>Mikey Hersom</u>			
Street Address <u>197 McWhorter Dr.</u>		Street Address <u>197 McWhorter Dr</u>			
City <u>Fitzgerald</u>	State <u>GA</u>	Zip <u>31750</u>	City <u>Fitzgerald</u>	State <u>GA</u>	Zip <u>31750</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 24 2014

BY 892986

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Andi McWhorter
Signature of Authorized Person

10/20/14
Date

Andi McWhorter
Print or Type Name of Authorized Person