

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102484

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** NURTURE CAPITAL LLC

**Current Principal Place of Business:**

363 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

363 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AXLER, ADAM  
363 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411 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  
Name: AXLER, ADAM  
Address: 363 BELLE GROVE LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM  
Name: AXLER, MAX  
Address: 901 N PENN ST UNIT 802P  
City-St-Zip: PHILADELPHIA, PA 19123

Title: MGRM  
Name: MITCHEL B AXLER REVOCABLE TRUST  
Address: 200 E FILLMORE STREET APT 115  
City-St-Zip: PHOENIX, AZ 850042106

I hereby 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:** ADAM AXLER

MGMR

02/16/2010

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