B01000001162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

B01000001162

(Document Number)

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TALLAHASSEE, FLORIDA

10/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSSATRON SERVICES OF TREASURE COAST, L.P.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lisa Sundstrom
(Contact Person)

SANUWAVE SERVICES, LLC
(Firm/Company)

11680 Great Oaks Way, Suite 350
(Address)

Alpharetta, GA 30022
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Sundstrom at (678) 578-0117
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $52.50 Filing Fee ☑ $61.25 Filing Fee and Certificate of Status ☐ $105.00 Filing Fee and Certified Copy ☐ $113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

OSSATRON SERVICES OF TREASURE COAST, L.P.

(Name of limited partnership or limited liability limited partnership)

DELAWARE

(Jurisdiction of formation)

MAY 7, 2001

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing:_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

Typed or printed name:

Barry J. Jenkins for HT Orthotripsy Management Company, LLC

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TALLAHASSEE, FLORIDA

Filing Fee:	**$52.50**
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**