

P090000034884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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*disc with  
notice*

11/02/09--01054--001 \*\*35.00

FILED  
2009 NOV -2 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*ADR  
11/4/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRO TREATMENT ENTERPRISES INC.

**DOCUMENT NUMBER:** P06000034884

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURALEE CONKLIN

(Name of Contact Person)

(Firm/Company)

18175 MASON SMITH RD.

(Address)

BROOKSVILLE, FL. 34604

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURALEE CONKLIN ~~OF PRO TREATMENT ENTERPRISES INC.~~ at ( 727 ) 859-2043

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Notice of  
Address  
Change

ARTICLES OF DISSOLUTION **FILED**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2009 NOV -2 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
PRO TREATMENT ENTERPRISES INC.

SECOND: The document number of the corporation (if known): P06000034884

THIRD: The date dissolution was authorized: 03/24/2008  
Effective date of dissolution if applicable: 08/21/2009  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)


☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

LAURALEE CONKLIN AND/OR BOGDAN WANDACHOWICZ  
(voting group)

Signature:   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

LAURALEE CONKLIN, PRES  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PRO TREATMENT ENTERPRISES INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Please be advised that the corporation known as Pro Treatment Enterprises Inc.

< Doing business at 18175 Mason Smith Rd. Brooksville, will be dissolved by Mutual consent  
of Lauralee Conklin, Pres . for reason of

All debts to the corporation & all claims against the corporation will be recieved by the address set forth below.

9/21/2009. -Please see below for Address Correction-

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

*Notice  
of  
Address  
Change*

18175 Mason Smith Rd  
BROOKSVILLE, FL. 34604  
34604

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lauralee Conklin, President.

Printed Name of the Person Filing

*Lauralee Conklin*

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**