K13481

T Copp	>	111 Eighth Avenue New York, NY 10011
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/29/11--01017--018 **350.00

Nesignation 86 RA

FILED
2011 MAR 29 PM 4: 54
SECRETARY OF STATE
TALLAHASSEE, FLORID

3/2011

March 24, 2011

RE: ALKANE, INC. (FL. DOM.)

MCBRIDE ELECTRIC, INC. (KS. DOM.)

KCA FINANCIAL SERVICES INC. (IL. DOM.)

THE ROBERTS D. OLSON CORPORATION. (CA. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is $\underline{1}$ check in the amount $\underline{350.00}$ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

FILED

RESIGNATION OF REGISTERED AGENTI MAR 29 PM 4: 54 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	ALKANE, INC. (FL. DOM.)	
	(Name of Corporation)	
K13481		
(Document Number, if known)		
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
(Si	ignature (Resigning Agent)	
If signing on behalf of an entity:		
C T CORPORA	TION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
AS	SSISTANT SECRETARY	
	(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314