

Q 1600000028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

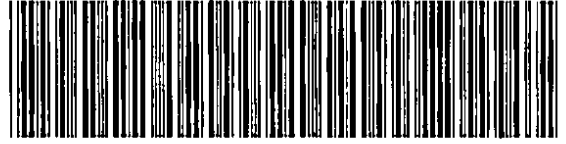
(Document Number)

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2018 NOV -6 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

Alien Bus.  
RA Resign.  
03/13/19  
Dc

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: KEYSTONE ICM GROUP CORPORATION  
(Name of Alien Business Organization)

DOCUMENT NUMBER: Q16000000028

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALI KHAN  
(Name of Person)

STRACHAN-KHAN REGISTERED AGENTS  
(Name of Firm/Company)

4700 NW BOCA RATON BLVD SUITE 304  
(Address)

BOCA RATON, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALI KHAN at ( 561 ) 241-9991  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:  
 \$87.50 Filing fee  \$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR AN ALIEN BUSINESS ORGANIZATION**

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 NOV -6 AM 11:15

**FILED**

Pursuant to the provisions of section 607.0502(2) Florida Statutes.

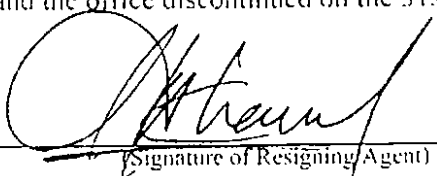
the undersigned, STRACHAN-KHAN REGISTERED AGENTS  
(Name of Registered Agent)

hereby resigns as Registered Agent for KEYSTONE ICM GROUP CORPORATION  
(Name of Alien Business Organization)

Q16000000028  
(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

ALI KHAN  
(Typed or Printed Name)

VICE PRESIDENT  
(Capacity)

Filing Fee: \$87.50  
Certified Copy: \$52.50

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