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COVER LETTER

TO: Registration Section Division of Corporations			
COUNTERPOINTE CAPITAL MA	NAGEME	NT LLC	
Name of Limit	ted Liability	Company	
DOCUMENT NUMBER: M1000002648			
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to th	e following:	
Gretchen McDougal			
Name of Person			
COGENCY GLOBAL INC.			
Name of Firm/Company			
850 New Burton Rd, Suite 201			
Address			
Dover, DE 19904			
City/State and Zip Code			
E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, p	lease call:		
Gretchen McDougal	866	621.3524	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ly dissolve	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115.	Florida Statutes, the unde	ersigned.
COGENCY GLOBA	AL INC.		_ , hereby resigns as
	Name of Registered Agent	.	, .
Registered Agent for C	OUNTERPOINTE (CAPITAL MANAGEN	MENT LLC
	Name of Limite	ed Liability Company	·
M10000002648			a;
Document N	umber, if known		·
A copy of this resignati	on was mailed to the ab	ove listed limited liability	company at its last known address.
The agency is terminate	ed and the office discont	tinued on the 31st day after	er the date on which this statement is filed
		Signature of Resigning Agent	
If signing on behalf of a	in entity:		
-	Gretchen McDougal		
	Typed or Printed Name		
	Assistant Secreta	ry	
		Capacity	
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	company ved/ voluntarily dissolved/ lity company

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