

FLORIDA REVOCATION OF POWER OF ATTORNEY FORM

STATE OF _____
COUNTY OF _____

I, _____, resident in _____, hereby
revoke the power of attorney that I executed on [mm/dd/yyyy] by me in which I name
_____ as my Attorney-in-Fact.

Therefore, the person named above will no longer have authority to act on my behalf as my Agent for
this specific Power of Attorney.

IN WITNESS WHEREOF, I have closed and sealed this statement on [mm/dd/yyyy].

Signature

Date

WITNESSES OR NOTARY ACKNOWLEDGMENT

I attest that the Principal signed or acknowledged this Revocation of Power of Attorney in my
presence, that the Principal appears to be of sound mind and is not subject to duress, fraud, or undue
influence. Furthermore, I attest that I am not a designated agent herein, and I am an adult not related to
the Principal by blood, marriage, or adoption.

Witness: _____ Address: _____
Witness: _____ Address: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this [mm/dd/yyyy], by _____

Notary Public/Justice of the Peace

My Commission Expires:

PowerOfAttorney.online