

FLORIDA POWER OF ATTORNEY REVOCATION FORM

Reference is made to certain power of attorney granted by _____ (Grantor) to _____ (Attorney-in-Fact), and dated _____, 20____.

This document acknowledges and constitutes notice that the Grantor hereby revokes, rescinds and terminates said power-of-attorney and all authority, rights and power thereto effective this date.

Signed under seal this ____ day of _____, 20____.

[Signature of Grantor]

[Printed or Typed Name of Grantor]

Acknowledged:

STATE OF _____

COUNTY OF _____

On _____ before me, _____ personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Signature: _____

Affiant: ___ Known ___ Unknown

ID Produced _____