

# 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: