Prepared by:	This space for recorder use only.
Revocation of Power of Attorney	
KNOW ALL MEN BY THESE PREMISES	
That I,, a resident o	of County,
, do hereby acknowledge that I executed a Po	ower of Attorney appointing
as lawful attorney	to manage my affairs. Be it further acknowledges that I,
, being	g of sound mind and after explanations to me of the
consequences of my actions, do hereby revoke, cancel, and make	null and void the aforesaid Power of Attorney, instanter.
IN WITNESS WHEREOF, I have thereunto set my hand and seal t	the day of . 20
Signed, sealed and delivered in the presence of: Witness Signature	Signature
Printed Name P	Printed Name
Witness Signature S	Signature
Printed Name P	Printed Name
TATE OF Florida OUNTY OF	physical presence or () online notorization on
worn to, Subscribed and Acknowledged before me by means of () is day of, 20 by e or () produced identification	physical presence of () online notarization, on, who ()is personally known to
Notary Public	