

FOR DOMICILIARIES OF STATES OTHER THAN THE STATE OF FLORIDA:

I hereby declare that my domicile is in the State of _____ and that I intend to permanently continue and maintain my domicile in such state. At the time of making this declaration I am a bona fide resident of the State of _____. My place of abode within the State of Florida, if any, is as follows: (Here list street address, city, and county of place of abode in Florida.)

(Person making declaration may also include such other and further facts with reference to any acts done or performed by such person which such person desires or intends not to be construed as evidencing any intention to establish his/her domicile within the State of Florida.)

(Print Name)

(Signature)

Sworn to and subscribed before me this _____ of _____, _____.

(Signature of Notary Public, State of Florida)

(Print, type or stamp commissioned name of Notary Public)

Personally Known _____ or Produced Identification _____
(Check One)

Type of Identification Produced: _____