



**AFFIDAVIT OF SERVICE**

State of Florida \_\_\_\_\_ )  
County of \_\_\_\_\_ )

The undersigned being duly sworn, deposes and says:

That **(person serving papers name)** \_\_\_\_\_ is not a party to the action,

is over 18 years of age and resides in \_\_\_\_\_.

That on **(date served)** \_\_\_\_\_, deponent served, at

(location) \_\_\_\_\_

a **(type of document served)** \_\_\_\_\_ upon

**(person served)** \_\_\_\_\_

by delivering a true copy of the aforesaid documents personally; deponent knew said person so served to be the person described.

\_\_\_\_\_  
**Signature of person serving papers**

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Place notary stamp here