NOTICE OF TERMINATION OF LEASE

TO:	Date
Name	
Address	
City/State/Zip	
Please be advised that pursuant to	paragraph of your lease agreement with
, your tenancy wil	ll be terminated effective the day of
, 20 You are there	efore requested to remove yourself and all of your
possessions from the aforesaid property,	, to-wit: on or before the day of
, 20	
If you fail to vacate the premises, we v	will be forced to take what legal action is necessary
to recover possession of the premises and put	rsuant to Florida Statute 83.58 (1999) you will be
responsible for double the monthly rent.	
Please govern yourself accordingly.	
	Landlord
	Address
	City/State/Zip
	Phone
<u>CERTIFICA</u>	TE OF SERVICE
the aforementioned address by (circle one)	ginal of the foregoing notice upon the addressee at (1) US Mail (2) Hand Delivery (3) Leaving or, 20, atm.
	Signature