

NOTICE OF TERMINATION OF MONTH-TO-MONTH TENANCY

TO: _____ Date _____
Name

Address

City/State/Zip

Please be advised that management has chosen to terminate your month-to-month tenancy. You are therefore requested to remove yourself and all of your possessions from the aforesaid property to wit: on or before the _____ day of _____, 20___. This notice is given pursuant to Florida Statute §83.57.

If you fail to vacate the premises, we will be forced to take what legal action is necessary to recover possession of the premises and pursuant to Florida Statute 83.58 (1995) you will be responsible for double the monthly rent. You may also be liable for any attorney's fees and/or court costs which may be incurred as a result of your not timely vacating the premises.

PLEASE GOVERN YOURSELF ACCORDINGLY.

Landlord

Address

City/State/Zip

Phone

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above notice was (a) hand delivered (b) Posted on the premises in the absence of the tenant at the above address (c) mailed to the above named tenant by certified mail on _____, 20_____.

Signature