

FLORIDA NOTICE OF TERMINATION OF MONTH TO MONTH TENANCY

TO: _____

ADDRESS: _____

You are hereby notified that, pursuant of Florida Statute 83.57, I elect to terminate our lease as of _____ with the official termination date on the ____ day of _____, 20____.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy hereof was (check one)

- Hand delivered to the above named landlord/tenant

- Posted at the above tenant's residence in his absence (for landlord only) on _____, 20____.

Signature

