



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
Cancellation Acknowledgement

CERTIFIED MAIL _____

Return Receipt Requested

(Receipt Number)

Lessor Address: _____

RE: Lease Number: _____

Location: _____

Dear _____:

The Florida _____ hereby terminates the above referenced lease effective _____ in accordance with _____ of the lease agreement.

Pursuant to Section 255.2502, Florida Statutes, Lessor acknowledges that the State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

The Department has enjoyed our association with you and will contact you if we are in need of space in this area in the future. If you have any further questions, contact me at _____.

Signature

Name/Title

Date

cc: Department of Management Services