



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.

Lessee shall have the right to terminate this Lease without penalty in the event a State-owned building becomes available to Lessee for occupancy, and upon the giving six (6) months advance written notice to Lessor by Certified Mail, Return Receipt Requested.

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