



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
Agreement for Cancellation of Lease

Lease No: _____

Modification No: _____

WHEREAS, the _____, Lessee,
has previously entered into Lease Number _____, on _____,
_____ for the term commencing _____, _____, which now terminates
the _____ day of _____, _____;
the current Lessor being _____; and

WHEREAS, the current description of the leased premises is: (Current Description)

WHEREAS, the Department has determined that the continued use of said space will no longer be
required after _____.

THEREFORE, in consideration of the mutual promises and covenants herein contained, the Lessor and
Lessee do hereby agree to cancel and terminate the above Lease No.: _____ and that the
lease shall become null and void effective _____.

Agreement for Cancellation of Lease

LEASE NO: _____

MODIFICATION NO: _____

IN WITNESS WHEREOF, the parties hereto have hereunto executed this instrument for the purpose herein expressed, this _____ day of _____, _____.

ANY MODIFICATION OF A LEASE AGREEMENT SHALL NOT BECOME LEGALLY EFFECTIVE UNTIL APPROVED/ACCEPTED BY THE DEPARTMENT OF MANAGEMENT SERVICES.

ORIGINAL SIGNATURES REQUESTED ON ALL COPIES

As to Lessor – Lessor or authorized representative must sign, print name and enter date.

X _____ Lessor or Authorized Representative	_____	_____
	Printed Name/Title	Date

As to Lessee Agency – Agency head, or authorized delegate, and representative of Agency Office of General Counsel must sign, print name and enter date.

X _____ Agency Head or Authorized Delegate	_____	_____
	Printed Name/Title	Date
X _____ Agency Office of General Counsel	_____	_____
	Printed Name	Date

As to the Department of Management Services – Chief Real Property Administrator (or authorized designee) and Secretary (or authorized delegate) must sign, print name and enter date. When applicable, DMS Office of General Counsel shall sign, print name and enter date.

X _____ Chief Real Property Administrator	_____	_____
	Printed Name/Title	Date
X _____ Secretary or Authorized	_____	_____
	Printed Name	Date
X _____ DMS Office of General Counsel	_____	_____
	Printed Name	Date

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