

THIRTY (30) DAY NOTICE OF TERMINATION OF MONTH TO MONTH TENANCY

(posted pursuant to the Federal Cares Act and Chap. 83 Fla. Stat.)

_____ and all others in possession

_____ Street Address

_____ City, State, Zip

Your month to month tenancy, for the above described property, located in _____ County, is hereby terminated and will expire on _____, 20____ (must be last day of the month), at which time you shall vacate the property prior to midnight. This notice is given more than **thirty (30) days** prior to the termination of your monthly tenancy pursuant to F.S. 83.57(3) in accordance with the Federal CARES Act. The termination of your tenancy does not release you from your obligation to pay rent for the month(s) of _____, 20____.

_____ Owner/Agent Signature

_____ Printed Name

_____ Company Name

_____ Address

_____ Telephone Number

CERTIFICATE OF SERVICE

I HEREBY certify that a copy of the foregoing Notice was:

____ Posted on the property described above in the Tenants' absence;

____ Hand Delivered to Tenant _____; or

____ Mail

on _____, 20____.

_____ Signature

_____ Printed Name