ORIGINAL 050 854-7C

他CENED FPSC

To: Florida Public Service Commission

UD NOV -2 AM 8:58

COMMISSION

CLERK

From: Magg Consulting Inc. L. Gumtie

Re: Cancellation of Certificate #6092

Date: October 27, 2005

Dear Ms. Isler,

Please cancel our Certificate #6092 – Magg Consulting Inc., as soon as possible. We sold the business.

If you have any questions or need additional information, please contact us with below number.

Can we get a cancellation confirmation if possible, either fax, mail or e-mail... info below.

Thanks in advance,

Liloutie Gumtie V- 407-240-6644 F- 407-852-0701 E-mail: <u>mgumtie@aol.com</u>

Address: 1612 Golden Poppy Ct. Orlando, FL 32824

CMP \_\_\_\_\_ COM \_\_\_\_\_ CTR \_\_\_\_\_ ECR \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ GCL \_\_\_\_\_ SCR \_\_\_\_\_ SCR \_\_\_\_\_ SGA \_\_\_\_\_ SEC \_\_\_\_\_ OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10643 NOV-28

FPSC-COMMISSION OF EDV

## to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2006 Pay Telephone Service Provider Regulatory Assessment Fee Return

FOR PSC USE ONLY Florida Public Service Commission Check# 2640 STATUS: (See Filing Instructions on Back of Form) TG533-05-0-R Actual Return 50.00 06-03-001 Magg Consulting, Inc. Estimated Return 003001 Amended Return 1612 Golden Poppy Court Orlando, FL 32824-6440 06-03-001 004011 PERIOD COVERED: 01/01/2005 TO 12/31/2005 (Request for cancellation - Isler) -(enorth E = 597 NOV . .... Postmark Date 10/28/ Initials of Preparer 597 NOV 0 1 2005 Please Complete Below If Official Mailing Address Has Changed (Address) (Name of Company) (City/State) (Zip) LINE NO. ACCOUNT CLASSIFICATION AMOUN7 1. Gross Operating Revenue (Florida) 2. Gross Intrastate Revenue LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back) *Link: INSTALLATION*, SERVICE 3. AND **TOTAL REVENUES for Regulatory Assessment Fee Calculation** 4 (Line 2 less Line 3) 5. Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) 6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back) Interest for Late Payment (see "3. Failure to File by Due Date" on back) 7. 8. Extension Payment Fee (see "4. Extension" on back) 9. 1. 1.2 (2) TOTAL AMOUNT DUE (MINIMUM \$50.00) 10. Number of pay telephones in operation at close of period covered by this Return (1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back). (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes... I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent of this lead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

| (Signature of Company Official)        | Our Eiz<br>(Title)                              | 10/27/05<br>(Date) |
|--|---|--------------------|
| (Preparer of Form - Please Print Name) | Telephone Number $(40)$ $240 - 6644$ Fax Number | er (407 - 852-0701 |
|  | F.E.I. No. 59-3562374                           |                    |