State of Florida



Hublic Serbice Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

## -M-E-M-O-R-A-N-D-U-M-

**DATE:** January 11, 2008

**TO:** Ann Cole, Commission Clerk – PSC, Office of Commission Clerk

FROM: Toni J. McCoy, Regulatory Analyst II, Division of Competitive Markets & HII. Enforcement

**RE:** Docket No. 070702-TX; CLEC application original signature page

Please add the attached letter and signed CLEC signature page to the docket file.

Call 413-6532, if you have any questions.

Attachments



COM \_\_\_\_\_ CTR \_\_\_\_\_ ECR \_\_\_\_\_ GCL \_\_\_\_\_ OPC \_\_\_\_\_ RCA \_\_\_\_\_ SCR \_\_\_\_\_ SGA \_\_\_\_\_ SEC \_\_\_\_\_ OTH \_<u>N</u> · Grant

CMP

DOCUMENT NUMBER-DATE O O O O O JAN 14 8 FPSC-COMMISSION CLERK

## We Are the Phone Company

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Wednesday, January 9th, 2008

Florida Public Service Commission

**Division of Competitive Markets and Enforcement** 

2540 Shumard Oak Blvd.

Tallahassee, FL 32399-0850

Dear Ms. McCoy,

Enclosed is the signature page for Todd Rosenschein's CLEC application. I had faxed this to you on Tuesday, January 8, 2008. Please include this in the docket numbered 070702-TX.

If you have any questions, please feel free to give me a call at (352) 804-0074. Thank you for all of your help with this paperwork.

Sincerely,

Valarie Davenport

Enc.

00350 JAN 14 8 PSC-COMMISSION CLERF

DOCUMENT AUMBER-DATE

## THIS PAGE MUST BE COMPLETED AND SIGNED

**REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of competitive local exchange telecommunications company (CLEC) service in Florida.

**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide competitive local exchange telecommunications company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

Company Owner or Officer

Print Name: Todd Rosenschein Title: President Telephone No.: 352-522-0780 E-Mail Address: mextel@bellsouth.net

Signature:\_

Date: 1/8/08

FORM PSC/CMP-8 (01/06) Required by Commission Rule Nos. 25-24.810, and 25-24.815 Note: To complete this interactive form using your computer, use the tab key to navigate between data entry fields.