190255 GULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2) Interexchange Company Regulatory Assessment Fee Return FOR PSC USE ONLY Florida Public Service Commission STATUS: (See Filing Instructions on Back of Form) Actual Return COMMISSI 0603001 TK156 003001 Estimated Return Amended Return 0603001 935 MAY 132009 Telecom AG, LLC 004011 115 Madeira Ave PERIOD COVERED: Coral Gables, FL 33134 01/01/09 - 12/31/09 Initials of Preparer ecords Please Complete Below If Official Mailing Address Has Changed (Address) (City/State) (Name of Company) FLORIDA GROSS LINE INTRASTATE REVENUE **OPERATING REVENUE** ACCOUNT CLASSIFICATION NO. \$_0.00 Long Distance Services Access Services 0.00 Private Line Services 3. 0.00 Leased Facilities & Circuits Services Miscellaneous Services 0.00 \$_0.00 **TOTAL Telephone Services** 6. LESS: Amounts Paid to Telecommunications Companies (1) 7 TOTAL REVENUES For Regulatory Assessment Fee Calculation Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) Penalty for Late Payment (see "3. Failure to File by Due Date" on back) 10. Interest for Late Payment (see "3. Failure to File by Due Date" on back) 11. Extension Payment Fee (see "4. Extension" on back) 12. (2) s 700.00 TOTAL AMOUNT DUE (\$50 MINIMUM) 13. (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 **CURRENT COMPANY STATUS** Reseller Call Aggregator Facilities-Based Carrier Alternate-Operator Service Rebiller Other: **BILLING INFORMATION** Complete below if billing agent if other than yourself. (Telephone) (Address: City/State/Zip) (Name) What is the total amount of bond held (if applicable) What is the total amount of customer deposits collected? Expires: Amount: \$ for 20 Amount: \$ COMPANY INFORMATION ()NO Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: 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

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 to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Cornpany Official)

BRESSAN

(Preparer of Form - Please Print Name)

Gresi DENT

4/15/09 (Date)

Telephone Number (2015) 43 6 Fax Number (2015) 43 7869

F.E.I. No. 208823136

Raquel Tully

From:

Paula Isler

Sent:

Tuesday, May 12, 2009 9:27 AM

To:

Raquel Tully

Subject: RE:

Telecom AG, LLC (TK156) requested voluntary cancellation and was required to pay the 2009 RAF. Please provide the Clerk's Office with proof of payment so that it can be documented in Docket No. 090255-TI. Thanks.

From: Raquel Tully

Sent: Tuesday, May 12, 2009 9:22 AM

To: Paula Isler Subject:

TK156, also has paid \$700.00 for 2009

Extremely Urgent

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