REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)  Date: 3/8/2010  Docket No.: 100/03-TX						
Date:				Docket No.:	100103-TX	C/7/5 49 0
1. From Staff / Division:			Pruitt/Rad		100103-17	140, 00
2. OPR:	RAD		)			
3. OCR: GCL						
4. Suggested Docket Title:			Request for cancellation of CLEC Certificate No. 7279 by Tallahassee Community College, effective March 5, 2010.			
5. Program/Module/Submodule Assignment:					B1f	
6. Suggested Docket Mail List.						
a. Provide NAMES/ACR			ONYMS, if registered company.		☐ Provided as an Attachment	
Company Code, if applicable:		Parties (include address, if different from MCD):			Representatives (name and address):	
TX379		Tallahassee Community College				
			The state of the s			
						487
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)						
Company Code, if applicable:		Interested persons, if any, (include address, if different from MCD		t from MCD):	Representatives (name	and address):
				Western Western		
					Average Averag	
7. Check o	ne:	⊠ Supp	orting Documenta	tion Attached	☐ To be provided with	Recommendation
Comments:						

OCCUMENT NUMBER-CATE

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## TX 379-2010

27, 444 Appleyard Drive Mallahassee Florida 32304-2895 850,201.6200 (2000.tc.fl.edu

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March 1, 2010

DEPOSIT DATE

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CK# 193437

\$ 600.00 R

3-3-2010 RT

Paula Isler
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Dear Ms. Isler:

Tallahassee Community College (TCC) currently holds CLEC License Certificate Number 7279. TCC does not serve any customers nor are any deposits being held. TCC wishes to cancel the CLEC License effective with this notice. Please find enclosed the \$600.00 fee that is required to cancel. If you have any questions or if further information is required, please contact my office at your convenience.

Sincerely,

Teresa E. Smith, PhD

**VP for Administrative Services & CFO** 

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DOCUMENT NUMBER-DATE

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