TX 594-15-T-O-R

DATE

Submitted to Records 12/22/15

CL# 12-23-2015

DEPOSIT # 600.00

12/23/15

12-23-2015

Att: Commission Clerk

DEC 3 / 2015 5 9 7-

Florida Public Service Commission

Re: ReTel Communications Inc

TX594-15-T-0-R

Termination of business notification effective Dec 31, 2015

DOCKET NO. 150268-TX

FILED DEC 28, 2015 **DOCUMENT NO. 08032-15 FPSC - COMMISSION CLERK**

ReTel is requesting our company be made inactive as a telecommunications carrier in the state of Florida. We are ceasing all telecom activities effective Dec 31, 2015.

Signed,

Horizon Melissa Thompson

President

		Flo	Florida Public Service Commission		FOR PSC USE ONLY									
STATUS: (See			iling Instructions on Back of Form)		S 4000.00 06-03-001 \$ 003001 \$ P 06-03-001									
Actual Return Estimated Return Amended Return		TX594-15-T-0-R ReTel Communications, Inc. P. O. Box 15577 Panama City, FL 32406-5577												
								PERIOD COVERED:					004011	
								1/1/2015 TO 12/31/2015					\$	1
													Postmark Date	10/0 2/15
					Initials of Prepare									
		Please Complete B	elow If Official Mailing	Address Has Changed										
	(Name of Company)		(Address)		(City/State)	(Zip)								
LINE		•		TOTAL FLORIDA GI		NTRASTATE								
NO.				OPERATING RE	EVENUE	REVENUE								
1.	Local Service Revenu	es		\$ 58,440	062 \$_									
2.	Network Access Reve	nues)										
3.	Long Distance Netwo	rk Services Revenues												
4.	Miscellaneous Reven	ues		·										
5.	TOTAL REVENUE	S		5 <u>58,440</u>	5 5									
6.	LESS: Amounts Paid	to Other Telecommun	ications Companies ⁽¹⁾											
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)													
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2)													
	- ,					000,00								
9.	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 F	ee (see "4. Extension "	on back)											
					. /	22 22								
12.	TOTAL AMOUNT	DUE (Add lines 8 thro	ough II)		2 _7	200,								
			nd must be verifiable (see											
		e gross operating reve ded in Section 364.336	enue of a company, a m	inimum annual regula	tory assessment fee of	f \$600 shall be								
	imposed as provid	ica in occion 504.550	, i fortula statutes.											
I, the	undersigned owner/offic	cer of the above-name	d company, have read the	foregoing and declare	that to the best of my l	knowledge and Delief								
			I am aware that pursuant											
second de		e intent to mislead a p	ublic servant in the perform		outy snail be guilty of a	i misdemeanor of the								
			Proside	+	13	2-23-20								
	(Signature of Compa	ny Official)	Preside	(Title)		(Date)								
SVEN	THUMPSON				Fax Number &	in 763-3644								
(P	THUMPSON Preparer of Form - Plea	ise Print Name)		_										
			F.E.I. No.	9-37441	\\ /									

PSC/TEL 159 (12/11) Rule 25-4.0161, F.A.C.