

To: Florida Public Service Commission

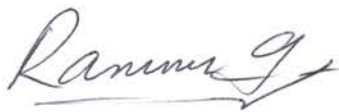
Reference: TG062-17-T-0-R

CASTLE TELECOMM

10020 SW 42ND TERRACES

MIAMI, FL 33165-5047

I'm requesting to cancel the licenses of Castle Telecomm as a Pay Telephone Service Provider starting January 01, 2018, as we don't own any Pay Phone any more. For additional information you can reach out Odalys Castillo at 786-314-6429 or contact us at Cast6304@bellsouth.net . Thank you.



Ramm G. Castillo

RECEIVED-PPSC
2018 FEB -5 AM 9:16
COMMISSION
CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

1/1/2017 TO 12/31/2017

Records

(See Filing Instructions on Back of Form)

TG062-17-T-0-R
 Castle Telecomm
 10020 S.W. 42nd Terrace
 Miami, FL 33165-5047
 DATE DEPOSIT
 FEB 05 2018 # 140

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 1293
 \$ 100.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-30-18
 Initials of Preparer RL

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>-0-</u>
2.	Gross Intrastate Revenue	<u>-0-</u>
3.	Less: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>-0-</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>-0-</u>
5.	REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾	<u>100.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>-</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>-</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>-</u>
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ <u>100.00</u>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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 \$100 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 to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Ramon G. Castillo _____ Owner _____ 01-30-18
 (Signature of Company Official) (Title) (Date)

Ramon G. Castillo _____ Telephone Number (305) 978-1156 Fax Number () _____
 (Preparer of Form - Please Print Name)

F.E.I. No. _____