

ORIGINAL

011361-TI

CK2018  
\$250.00  
MC

1. This is an application for  (check one):

**Original certificate** (new company).

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

**Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

**Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

DEPOSIT

DATE

D129

OCT 16 2001

@cess, LLC

3. Name under which applicant will do business (fictitious name, etc.):

Same

4. Official mailing address (including street name & number, post office box, city, state, zip code):

3959 Van Dyke Road

Suite 202

Lutz, FLORIDA 33549

5. Florida address (including street name & number, post office box, city, state, zip code):

Same as above

6.

Select type of business your company will be conducting  (check all that apply):

**Facilities-based carrier** - company owns and operates or plans to own and operate telecommunications switches and transmission facilities in Florida.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   L
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

FORM PSC/CMU 31 (12/96)  
Required by Commission Rule Nos. 25.24-470,  
25-24.471, and 25-24.473, 25-24.480(2).

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DOCUMENT NUMBER-DATE

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