

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date April 4, 2002 Docket No. 020305-TC

1. Division Name/Staff Name: Competitive Markets & Enforcement/HAWKINS

2. OPR: HAWKINS

3. OCR:

4. Suggested Docket Title: Request for cancellation of Pay Telephone Certificate No. 3843 by L.L.C., Inc., effective, 3/31/01.

5. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
1. Parties and their representatives (if any):

Table with 2 columns for mailing list entries.

2. Interested persons and their representatives (if any):

6. Check one:
 Documentation is attached.
 Documentation will be provided with recommendation.

BHH
4/2/02

COMPANY NAME: L.L.C., Inc. CO. CODE: TF191

COMPANY LIAISON: George L. Southworth, President

DOCKET NO.: _____ CERTIFICATE NO.: 3843 EFFECTIVE: 09/21/94

RAF RETURN NOTICE: _____

DELINQUENT NOTICE: _____

OTHER RETURNED MAIL: _____

RAR'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2001, 2002

YEAR(s) PENALTIES & INTEREST NOT PAID: 2001

REVENUES/YEAR: _____

DATE LOTUS CHECKED FOR PAYMENT: 

OTHER INFORMATION

03/14/02 - From company - "Request for updated reporting requirements" with
the note: "L.L.C., Inc. is no longer in the payphone business
effective 3-31-01. All assets have been transferred to MW
Connections." Signed by Gail Thomas, dated 03/11/02.

03/19/02 - Wrote company and advised to pay 2001 RAFs, P&I and either pay
2002 RAF or provide date certain it would be paid. Response
due 03/31/02.

See Pg. 2

3/29/02 - From Co. @ Payment of 2001 RAF, P & I
② Paym. of 2002 RAF.

4/1/02 - Forwarded to J. Gilchrist to open
docket to grant voluntary cancellation.

L.L.C., INC.

PO Box 16966 • Tampa, Florida 33687

Tel: (813) 988-6870 • Fax: (813) 980-3000

March 26, 2002

Florida Public Service Commission
Attn: Paula J. Isler
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Dear Ms. Isler:

In response to your letter dated 3/19/02, enclosed are two RAF forms for year ending 12/31/01 and 12/31/02 along with our check in the amount of \$106.00 to cover both years.. When I wrote to you earlier this month I may have stated that L.L.C suspended payphone operations on 3/31/02 but it should have said 3/31/01.

If you need additional information, please call me at 813-988-6870 or e-mail to g.Thomas@leaptampa.com.

Sincerely,



Gail Thomas
Business Manager

encs

Pay Telephone Service Provider Regulatory Assessment Fee Return

ck Amt. \$ 106.00

STATUS:
 Actual Return
 Estimated Return
 Amended Return

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TF191-01-0-R DEPOSIT DATE
 L.L.C., Inc. D1 98 MAR 29 2002
 P. O. Box 16966
 Tampa, FL 33687-6966
 cc: P. Isler

FOR PSG USE ONLY
 Check # 2531
 \$ 50.00 0603002
 \$ 5.00 003001
 \$ 1.00 0603002
 004011
 Postmark Date 3/26/02
 Initials of Preparer mc

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

L.L.C., Inc

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$
2.	Gross Intrastate Revenue	\$
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	TOTAL \$ 15,264.18
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	min 50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	5.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.00
8.	TOTAL AMOUNT DUE	\$ 56.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

These amounts must be intrastate only and must be verifiable.

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.

[Signature]
 COMPETITIVE SERVICES DIVISION OF FLORIDA
 (Signature of Company Official)
 2002 APR -1 AM 11:22
 (Preparer of Form - Please Print Name)

PRESIDENT (Title) 3-26-02 (Date)
 Telephone Number (813) 988-6870 Fax Number (813) 980-3000
 F.E.I. No. 59-2915510

Pay Telephone Service Provider Regulatory Assessment Fee Return

CK Amt \$106.00

STATUS:
Actual Return
Estimated Return
Amended Return

J.P. Isler
CEA

TF191-02-0-R	DEPOSIT	DATE
L.L.C., Inc.	D198	MAR 29 2002
P. O. Box 16966 Tampa, FL 33687-6966		
cc: P. Isler		

FOR PSC USE ONLY

Check# 2531

\$ 50.00 0603002
003001

\$ 0603002
004011

Postmark Date 3/26/02

Initials of Preparer JK

PERIOD COVERED:
01/01/2002 TO 12/31/2002

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	MIN \$ 50.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$

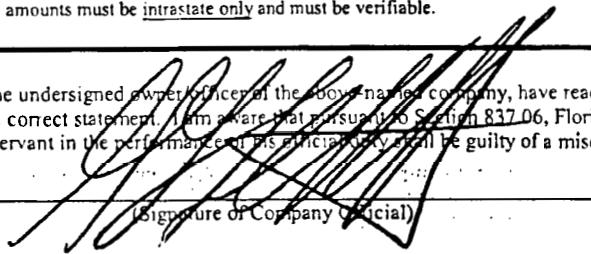
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

* These amounts must be intrastate only and must be verifiable.

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.


(Signature of Company Official)

PRESIDENT (Title) 3-26-02 (Date)

Telephone Number (813) 988-6870 Fax Number (813) 980-3000

F.E.I. No. 59-2915510

(Preparer of Form - Please Print Name)

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

March 19, 2002

Ms. Gail Thomas
L.L.C., Inc.
PO Box 16966
Tampa, FL 33687-6966

Dear Ms. Thomas:

On March 14, 2002, the Commission received a copy of the request for updated reporting requirements, along with the note "L.L.C., Inc. is no longer in the payphone business effective 3-31-02. All assets have been transferred to MW Connections."

The effective date of a cancellation is the date a company notifies the Commission in writing. Therefore, although you stated you have not been in the payphone business for a year, we have no record of prior notification. And, even though you may have transferred L.L.C., Inc.'s assets to another company, L.L.C., Inc. is still responsible for its certificate and all applicable rules.

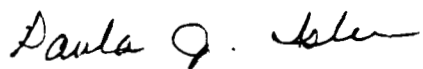
Before I can recommend a voluntary cancellation, the company must comply with the Commission's cancellation rule, which provides that a company requesting cancellation must be up-to-date on its Regulatory Assessment Fees (RAFs). This includes either paying the current year's RAF or providing a date certain it will be paid.

Commission records show that the 2001 RAF has not yet been received (payment was due January 30, 2002). If L.L.C., Inc. owes the minimum and if payment is postmarked by March 31st, the 2001 total is \$56.00 (\$50.00 RAF, \$5.00 penalty, and \$1.00 interest). In addition, the company either needs to pay the 2002 RAF (\$50.00 minimum) or provide a date certain it will be paid, as provided in Rule 25-24.514, Florida Administrative Code. The 2001 and 2002 RAF return forms are attached. The alternative is to cancel the company's certificate on the Commission's own motion and turn over the unpaid RAFs to collections.

Therefore, based on the above information, I cannot recommend a voluntary cancellation of the company's certificate unless the past due balance is paid and the company complies with Rule 25-24.514, F.A.C. Please respond in writing by March 31, 2002, and let me know how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the address below.

Ms. Gail Thomas
Page 2
March 19, 2002

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

ATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF191-01-0-R
 L.L.C., Inc.
 P. O. Box 16966
 Tampa, FL 33687-6966

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
01/2001 TO 12/31/2001

(Name of Company)

(Address)

(City/State)

(Zip)

NE
O.

ACCOUNT CLASSIFICATION

AMOUNT

Gross Operating Revenue (Florida)

\$ _____

Gross Intrastate Revenue

LESS: Amounts Paid to Other Telecommunications Companies*
(see "2. Fees" on back)

(_____)

TOTAL REVENUES for Regulatory Assessment Fee Calculation
(Line 2 less Line 3)

\$ _____

Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)

Penalty for Late Payment (see "3. Failure to File by Due Date" on back)

Interest for Late Payment (see "3. Failure to File by Due Date" on back)

TOTAL AMOUNT DUE

\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered
by this Return _____

These amounts must be intrastate only and must be verifiable.

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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (_____)

Fax Number (_____)

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF191-02-0-R
L.L.C., Inc.
P. O. Box 16966
Tampa, FL 33687-6966

cc: F. Isler

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	1
Postmark Date _____	
Initials of Preparer _____	

STATUS:
____ Actual Return
____ Estimated Return
____ Amended Return

PERIOD COVERED:
01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

_____ (Name of Company)	_____ (Address)	_____ (City/State)	_____ (Zip)
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LINE	ACCOUNT CLASSIFICATION	AMOUNT
	Gross Operating Revenue (Florida)	\$ _____
	Gross Intrastate Revenue	_____
	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

Number of pay telephones in operation at close of period covered by this Return _____

These amounts must be intrastate only and must be verifiable.

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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number ()

Fax Number ()

F.E.I. No

3-14-02

No Reg to Council cut
reg to CCA/Williams
Company Code: TF191

L.L.C., Inc. ORIGINAL

OK
3-14-02

Certificate No(s): 3843

Physical Location: 11602 North 51st Street, Suite 101 Tampa, FL 33617-2132	ENTER CORRECTIONS BELOW: _____ _____ _____ _____
Mailing Address: P. O. Box 16966 Tampa, FL 33687-6966	_____ _____ _____ _____
Liaison Officer(s): 1. George L. Southworth, President, (813) 988-6870 2. Jan Klosicki, Secretary, Phone number	_____ _____ _____
Fax No(s): (813) 980-3000, Fax 2 E-mail address: J.Klosicki@LEAPTampa.com Web address: Federal Employee ID No.: 59-2915510	_____ _____ _____ _____

IMPORTANT NOTE:

The following section is applicable ONLY to companies with d/b/a as part of their official company name.

All official correspondence is addressed to the "Mailing Name" of regulated companies. The "Mailing Name" is the last d/b/a of the company's official name. Our records reflect the mailing name shown below for your company. If you prefer to receive official correspondence in another mailing name, please make the change in the space provided. The name can be no longer than 58 characters (including spaces) and **MUST** be part of the official company name.

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

MAILING NAME:

L.L.C., Inc.

L.L.C., Inc is no longer in the payphones business effective 3-31-01. All assets have been transferred to MW Connections.

COMPLETED BY: *Neil Thomas*

DATE: *3-11-02*

MW Connections d/b/a Tampa Payphones, Inc.
(TF015)

DOCUMENT NUMBER-DATE
02985 MAR 14 8
COMM. COMMISSION CL FRK

Paula Isler

From: Linda Williams
Sent: Thursday, March 14, 2002 2:36 PM
To: Paula Isler
Subject: RE:

02977-02 and 02985-02.

-----Original Message-----

From: Paula Isler
Sent: Thursday, March 14, 2002 2:12 PM
To: Linda Williams
Subject: RE:

No to both. TF191 owes 2001 and 2002 RAFs and TG776 owes 2002 RAFs (or both need to provide a date certain when 2002 RAFs will be paid). Let me know document numbers. Thanks.

-----Original Message-----

From: Linda Williams
Sent: Thursday, March 14, 2002 2:08 PM
To: Paula Isler
Subject:

Hi Paula. I have 2 asking for cancellation:

TG776 - Guillermo Fuentes - Paid 2001 RAFs with P & I.
TF191 - L.L.C., Inc. - Is no longer in business after 3/31/01. Assets transferred to MW Connections.

Thanks Paula.