



Howard E. "Gene" Adams Attorney at Law

(850) 222-3533 gene@penningtonlaw.com

October 2, 2006

Lisa Polak Edgar, Chairman Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850

TWC Information Services (Florida), LLC d/b/a Time Warner Cable --Company Code TJ983 - Intrastate Interexchange Certificate Cancellation

Dear Ms. Edgar:

Please accept this letter as a request to cancel the current Certificate TJ983 for intrastate interexchange telecommunication services currently held by TWC Information Services (Florida), LLC. Pursuant to Rule 25-24.474 (Florida Administrative Code) TWC Information Services (Florida), LLC seeks to cancel its registration. Pursuant to that rule, TWC Information Services (Florida), LLC states as follows:

- TWC Information Services (Florida), LLC will pay the current regulatory assessment fees pursuant to calculation which fee and form are attached hereto.
- TWC Information Services (Florida), LLC states that it has no customer deposits b. in hand and no final bills that must be rendered prior to cancellation of this certificate. TWC Information Services (Florida), LLC has no customers under the interexchange certificate.

ماسر	The second secon	Sincerely	1				
\D^							
3CL	with regard to the cancellation of this certificate						
ECR	Please let me know if we can furnish fur	rther information or if you nee	d further assistance				
TR	pursue the development of a telecommunications service business in the State of Florida.						
OM	certificate because its affiliate, Time Warner Cable, no longer owns cable television facilities in the State of Florida and, accordingly, TWC Information Services (Florida) no longer intends to						
IMP		//					

RECEIVED & FILED

Attorneys for TWC Information Services (Florida), LLC

HEA/jnb

TALLAHASSEE

cc:

SGA

Vincent M. Paladini, Time Warner Cable

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

Interexchange Company Regulatory Assessment Fee Return

		Florida Public Service Commission	FOR PSC USE ONLY		
STATU	JS:	(See Filing Instructions on Back of Form)	Check #		
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2006 TO 12/31/2006		TJ983-06-0-R	\$ 06-03-001		
		Time Warner Cable	003001		
		290 Harbor Drive	\$E		
		Stamford, CT 60902-7441	\$P 06-03-001		
			004011		
		Request for cancellation (Isler)			
			Description of Data		
			Postmark Date Initials of Preparer		
		Please Complete Below If Official Mailing Address Has Cha			
	1. 1.	To Go (suca)			
hme !!	VALUE ABIE	LAFRICATION SEVICES OF LUXIDA JL	(City/State) (Zip)		
-	(Name of Company)	(Audress)	(City/State) (Zip)		
LINE	100		LORIDA GROSS RATING REVENUE INTRASTATE REVENUE		
NO.			\$		
1. 2.	Long Distance Services Access Services	Ψ			
3.	Private Line Services				
4.	Leased Facilities & Cir Miscellaneous Services				
5.					
6.	TOTAL Telephone Se		\$		
7.		Telecommunications Companies ⁽¹⁾			
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation				
9.	Regulatory Assessment	Fee Due (Multiply Line 8 by 0.0020)			
10. 11.		nt (see "3. Failure to File by Due Date" on back) nt (see "3. Failure to File by Due Date" on back)			
12.		(see "4. Extension" on back)			
13.	TOTAL AMOUNT D	UE (\$50 MINIMUM)	s <u>50.00</u> °		
	(1) These amounts mus	at be intrastate only and must be verifiable (see "2. Fees" on back).			
	(2) Regardless of the g	ross operating revenue of a company, a minimum annual regulatory as	sessment fee of \$50 shall be imposed as provided in		
	Section 364.336, F	orida Statutes,			
		CURRENT COMPANY STATUS			
	ities-Based Carrier nate-Operator Service	() Reseller () Call Agg () Rebiller () Other:	gregator		
() Altern	nate-Operator Service	<u></u>			
		BILLING INFORMATION			
Complete	below if billing agent is oth	er than yourself.	()		
	(Name)	(Address: City/State/Zip)	(Telephone) hat is the total amount of bond held (if applicable)?		
What is the	e total amount of customer:		Amount: \$ Expires:		
5 1		COMPANY INFORMATION cilities? () YES (NO			
If YES, wh	ase telecommunications' fac ho do you lease these facili	ies from? Name:			
I, the	undersigned owner/officer	of the above-named company, have read the foregoing and declare ment. I am aware that pursuant to Section 837.06, Florida Statutes, w	that to the best of my knowledge and belief the above		
information	n is a true and correct state	n the performance of his/her duty shall be guilty of a misdemeanor of the	ne second degree.		
11.	/ L. M	7 SOVO VA	9/20/01		
	(Signature of Compa	ny Official) (Title)	(Date)		
1/	And Fresh 2		7-3585 Fax Number ()		
<u>K</u>	Preparer of Form - Plea		, rax radiiooi ()		
(r	reparer or rurin- Free	F.E.I. No.			

Check Date: Sep/25/2006	Vendor Number: 0000048101		Check No. 000142	22292 Paymer	Payment Handling: TX	
Invoice Number	Invoice Date	Business Unit	Voucher ID	Gross Amount	Discount Taken	Paid Amount
FLILECREG2006	Sep/26/2006	14010	00128062	50.00	0.00	50.00
Return to Tax Department						

Check Number	Date	Total Gross Amount	Total Discounts	Total Paid Amount
0001422292	Sep/25/2006	\$50.00	\$0.00	\$50.00

THE FACE OF THIS CHECK HAS A COLORED BACKGROUND

Date

@

Pay

TIME WARNER CABLE
SHARED SERVICE CENTER
7800 CRESCENT EXECUTIVE DRIVE
CHARLOTTE, NG. 28217

500 Ross Street Pittsburgh, PA 15262-0001 60-150/433

MELLON BANK

Sep/25/2006

Pay Amount \$50.00***

****FIFTY AND XX/100 DOLLAR****

1-866-892-8923

NOT VALID AFTER 180 DAYS

0001422292

To The Order Of PUBLIC SERVICE COMMISSION OF FLORIDA ATTN FISCAL SERVICES 2540 SHUMARD OAK BLVD

TALLAHASSEE, FL 32399-0850

ge kyledo

THE ORIGINAL DOCUMENT HAS AN ARTIFICIAL WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.