

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	4/23/2010	Docket No.:	100207-TX
1. From Staff / Division:	Pruitt/ Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Compliance investigation of CLEC Certificate No. 8511, issued to Optical Telecommunications, Inc. d/b/a HControl Corporation d/b/a SH Services LLC, for apparent third-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.		
5. Program/Module/Submodule Assignment:	A18a, A10		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TX797			RECEIVED-FPSC 10:47 APR 23 PM 1:30 COMMISSION CLERK
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached	<input type="checkbox"/> To be provided with Recommendation	
Comments:			

DOCUMENT NUMBER-DATE

03231 APR 23 0

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FPSC-COMMISSION CLERK

TX797-09-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature x <i>Katherine Garcia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>TX797 SH Services LLC 5000 S.W. 75th Avenue, Suite 103 Miami, FL 33155-4468</p>	<p>B. Received by, (Printed Name) <i>Katherine Garcia</i> C. Date of Delivery <i>7/24/10</i></p> <p>D. Is delivery address different from item? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
	<p>7009 3410 0002 4112 0479</p>

FLORIDA PUBLIC SERVICE COMMISSION

TX 797-09-0-R

Telecommunications
(Type of Industry)

REGULATORY ASSESSMENT FEE EXTENSION REQUEST

OPTICAL TELECOMMUNICATIONS INC TX 797-09-0-R 56-2465023
(Utility/Company) (Utility/Co Code) (FEID No.)

Mailing Address: 5000 SW 75 AVE #103 MIAMI, FL 33155

This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:

PERIOD January 1 – December 31, 2009

- 15 days to February 16, 2010
- 30 days to March 3, 2010

Statement of Good Cause (Reason For Request): FORM WAS RECEIVED TODAY, WE ALSO HAVE NOT FINALIZED OUR YEAR END REPORTS FOR 2009, WHICH ARE NECESSARY TO COMPLETE THIS FORM ACCURATELY

(Signature) CEO

(Title)

2/15/10
(Date) 786-787-7777
(Telephone Number) 786-888-7778
(FAX Number)

NOTE TO UTILITY/COMPANY

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below **BY CLOSE OF BUSINESS ON January 18, 2010, before the payment due date of February 1, 2010.** Once your request is received, you will be notified by fax (or by mail when a faxed number is not provided) indicating that your request was approved or denied. **THIS IS NOT AN AUTOMATIC EXTENSION. THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.** See approval criteria on the back of this form.
- If an extension of **15 days or less is approved**, 0.75% of the fee is to be included when making payment.
- If an extension of **16 to 30 days is approved**, 1.5% of the fee is to be included when making payment.

FOR PUBLIC SERVICE COMMISSION USE ONLY

Request Approved

Request Denied

The 200__ Regulatory Assessment Fee has not been received.

The 200__ Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 200__ Regulatory Assessment Fee.

The request was received too late for processing.

APPROVED BY: _____
(Fiscal Services Section Supervisor) (Date)

If you have questions, please contact a staff member of the Fiscal Services Section: DAVID BROWN, PHONE# 850-413-6267 - FAX# 850-413-6268; or write to Division of Administrative Services, Fiscal Services Section, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399.

Regulatory Assessment Fee Account Information

History | History 2 | Statistics | Comments | Forms | Mailing | Company | Accounts | Dockets | Consumer

Company Identification

Complete Name: Optical Telecommunications, Inc. d/b/a HControl Corporation d/b/a SH Services LLC
 Mailing Name: SH Services LLC
 Company Code: TX797 Regulated: 09/09/2004 Inactive:

RAF Account Information

RAF Period Covered: 01/01/2009-12/31/2009 CLX Service: CLX

Confidential
 RAF Form Received
 RAF Account Satisfied
 Amended Return
 Extension Approved
 Actual Return
 Estimated Return
 Do Not Calculate
 Penalty
 Interest
 RAF Correspondence Suspended
 Comments Available

Operating Revenue: \$0.00 Gross Intrastate Revenue: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessments	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Print/Preview
RAF Documents
 Annual Reports
 Edit
 Cancel

1 of 1

Modification Log
 12/07/2009
 Last modification was made on Monday, December 7, 2009 at 8:22 AM by David Brown

Regulatory Assessment Fee (RAF) System

File Edit View Payments Tools Reports Options Docket Viewer

6 X

Regulatory Assessment Fee History Form

History History 2 Statistics Comments Forms Mailing Company Accounts Dockets Consumer

Company Identification

Complete Name: Optical Telecommunications, Inc. d/b/a HControl Corporation d/b/a SH Services LLC

Mailing Name: SH Services LLC

Company Code: TX797 Regulated: 09/09/2004 Inactive:

History Summary Information

RAF Period Covered: 01/01/2009-12/31/2009 CLX Service: CLX

Description	RAF Period	Postmark	Amount
RAF form e-mailed	01/01-12/31/2009	04/12/2010	
Delinquent letter generated	01/01-12/31/2009	02/17/2010	
RAF form e-mailed	01/01-12/31/2009	02/11/2010	
RAF form generated	01/01-12/31/2009	12/07/2009	

Isolate: All Entries

Isolate PrintPreview Edit Document Image Cancel

Modification Log

04/12/2010

Last modification was made on Monday, April 12, 2010 at 2:38 PM by David Brown

Start [Taskbar icons] Inbox - Micr... Compliance... Regulatory ...

3:43 PM