

TK 241- Fine

Raquel Tully 100252-TI

From: Nancy Pruitt  
Sent: Thursday, April 29, 2010 8:15 AM  
To: Raquel Tully  
Subject: RE:

CK# 1005  
\$ 200- Recovery Cost

\$700 for 2009 RAF, \$105 for penalty, \$21 for interest

\$700 for 2010 RAF and \$500 fine (\$200 of the fine goes to PSC Trust Fund)

300- fine  
4-27-10  
RT

Nancy Pruitt  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399  
850-413-6127  
850-413-6128 (fax)

DEPOSIT DATE  
040 MAY 03 2010

RECEIVED FPSC  
10 MAY - 3 AM 10:26  
COMMISSION CLERK

From: Raquel Tully  
Sent: Thursday, April 29, 2010 8:02 AM  
To: Nancy Pruitt  
Subject: RE:

yes

From: Nancy Pruitt  
Sent: Thursday, April 29, 2010 8:02 AM  
To: Raquel Tully  
Subject: RE:

COM \_\_\_\_\_  
APA \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
RAD \_\_\_\_\_  
SSC \_\_\_\_\_  
ADM \_\_\_\_\_  
OPC \_\_\_\_\_  
CLK *Normyl*

Did they request cancellation?

Nancy Pruitt  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399  
850-413-6127  
850-413-6128 (fax)

From: Raquel Tully  
Sent: Wednesday, April 28, 2010 1:42 PM  
To: Nancy Pruitt  
Subject:

TK 241, sent in a check for \$2026.00. Please let me know the break down

RECEIVED FPSC

03613 MAY-3 2010

FPSC-COMMISSION CLERK

4/29/2010

# Interexchange Company Regulatory Assessment Fee Return Total \$ 2026

## Florida Public Service Commission

**STATUS:**

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**  
 01/26/2009 TO 12/31/2009

(See Filing Instructions on Back of Form)

TK241-09-0-R  
 Sarah Telecom LLC  
 6712 North University Drive  
 Tamarac, FL 33321-4013

DEPOSIT DATE

040 MAY 03 2010

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1005

\$ 700.00 06-03-001 003001  
 \$ \_\_\_\_\_ E  
 \$ 105.00 P 06-03-001 004011  
 \$ 21.00 I

Postmark Date 4-27-10  
 Initials of Preparer ET

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$635,000.01	\$ 512.96
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	<b>\$635,000.01</b>	<b>\$ 512.96</b>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		<b>\$512.96</b>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		Minimum: \$700
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$105
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$21
12.	Extension Payment Fee (see "4. Extension" on back)		_____
	Late Payment Fine		\$500
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		<b>\$1,326</b> <sup>(2)</sup>

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

### CURRENT COMPANY STATUS

- ( ) Facilities-Based Carrier      (X) Reseller      ( ) Call Aggregator  
 ( ) Alternate-Operator Service      ( ) Rebiller      ( ) Other: \_\_\_\_\_

### BILLING INFORMATION

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_  
 What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

### COMPANY INFORMATION

Do you lease telecommunications' facilities? ( ) YES (X) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

Mohammad Nasir      Managing Member      4-21-10  
 (Signature of Company Official)      (Title)      (Date)

Mohammad Nasir      Telephone Number (954) 721-6701      Fax Number (954) 721-8091  
 (Preparer of Form - Please Print Name)

F.E.I. No. 510660744

2010 MAY 03 10 36 13  
 PSC-COMMISSION CLERK

**Interexchange Company Regulatory Assessment Fee Return**

( \$ 300 fine )

Total \$ 2026.00

Florida Public Service Commission

**FOR PSC USE ONLY**

Check # 1005

\$ 700.00 06-03-001  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
004011

\$ \_\_\_\_\_ I

Postmark Date 4-27-10

Initials of Preparer RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TK241-09-0-D  
Sarah Telecom LLC  
6712 North University Drive  
Tamarac, FL 33321-4013

**DEPOSIT DATE**  
040 MAY 03 2010

Please Complete Below If Official Mailing Address Has Changed

Records  
Nancy

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		Minimum: \$700
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ 700 <sup>(2)</sup>

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_

What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
(Signature of Company Official) Managing Member (Title) 4-21-10 (Date)

Mohammad Nasir Telephone Number (954) 721-6701 Fax Number (954) 721-8091

(Preparer of Form - Please Print Name)

F.E.I. No. 510660744

**LAW OFFICES OF THOMAS K. CROWE, P.C.**

1250 24th STREET, N.W.  
SUITE 300  
WASHINGTON, D.C. 20037

TELEPHONE (202) 263-3640  
FAX (202) 263-3641  
E-MAIL firm@tkcrowe.com

April 27, 2010

**BY FEDEX (850-413-6100)**

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Re: Sarah Telecom LLC; IXC Registration Code TK241  
Cancellation of Registration and Withdrawal of Tariff

Dear Sir or Madam:

Please accept for filing Sarah Telecom LLC's ("Sarah Telecom's" or "Company's") request to voluntarily cancel its IXC Registration ("Registration") and cancel its tariff in the state of Florida. Please find enclosed the Company's 2009 and 2010 Regulatory Assessment Fee Returns and accompanying payment necessary to effectuate this request.

Sarah Telecom filed its IXC Registration on January 26, 2009, and received its Registration Code by memo of the Florida Public Service Commission ("PSC") on February 19, 2009 (Docket No. 090046-TI). As of November 21, 2009, the Company no longer offers or provides any intrastate telecommunications services in the state of Florida. Since Sarah Telecom does not intend to provide any such services in the future, the Company respectfully requests to voluntarily cancel its registration and its applicable tariff.

This original and two (2) copies are enclosed for filing. Please acknowledge receipt of this filing by date-stamping and returning the extra copy of this letter in the self addressed, stamped envelope provided for this purpose. Should you require further information, please contact the undersigned.

Sincerely,



Cheng-yi Liu,  
Counsel for Sarah Telecom LLC

Enclosures

DOCUMENT NUMBER DATE

03613 MAY-3 0

FPSC-08/MAY/09/03613

## Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
 01/26/2009 TO 12/31/2009

(See Filing Instructions on Back of Form)

TK241-09-0-R  
 Sarah Telecom LLC  
 6712 North University Drive  
 Tamarac, FL 33321-4013

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ J

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 635,000.01	\$ 512.96
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	<b>\$ 635,000.01</b>	<b>\$ 512.96</b>
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		<b>\$ 512.96</b>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		Minimum: \$700
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$105
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$21
12.	Extension Payment Fee (see "4. Extension" on back)		_____
	Late Payment Fine		\$500
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		<b>\$ 1,326</b> <sup>(2)</sup>

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- ( ) Facilities-Based Carrier      (X) Reseller      ( ) Call Aggregator  
 ( ) Alternate-Operator Service      ( ) Rebiller      ( ) Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

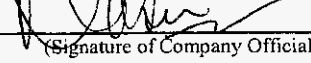
\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_  
 What is the total amount of bond held (if applicable)? Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES (X) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

 \_\_\_\_\_ Managing Member \_\_\_\_\_ 4-21-10 \_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)

Mohammad Nasir Telephone Number (954) 721-6701 Fax Number (954) 721-8091  
 (Preparer of Form - Please Print Name)

F.E.I. No. 510660744

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

**STATUS:**

- Actual Return  
 Estimated Return  
 Amended Return

(See Filing Instructions on Back of Form)

TK241-09-0-D  
 Sarah Telecom LLC  
 6712 North University Drive  
 Tamarac, FL 33321-4013

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_  
 \$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ E  
 \$ \_\_\_\_\_ P 06-03-001  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

**PERIOD COVERED:**  
 01/01/2010 to 12/31/2010

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 0.00	\$ 0.00
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	<b>TOTAL Telephone Services</b>	\$ 0.00	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( _____ )	( _____ )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ 0.00
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		Minimum: \$700
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	<b>TOTAL AMOUNT DUE (\$700.00 MINIMUM)</b>		\$ 700 <sup>(2)</sup>

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**CURRENT COMPANY STATUS**

- ( ) Facilities-Based Carrier (X) Reseller ( ) Call Aggregator  
 ( ) Alternate-Operator Service ( ) Rebiller ( ) Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

\_\_\_\_\_  
 (Name) (Address: City/State/Zip) (Telephone)  
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?  
 Amount: \$ \_\_\_\_\_ for 20 \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications' facilities? ( ) YES (X) NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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\_\_\_\_\_  
 (Signature of Company Official) Managing Member (Title) 4-21-10 (Date)  
 Mohammad Nasir Telephone Number (954) 721-6701 Fax Number (954) 721-8091  
**(Preparer of Form - Please Print Name)**

F.E.I. No. 510660744