Raquel Tully $100352 - Tx$	TK 241- Fine	Page 1 of 1
From: Nancy Pruitt Sent: Thursday, April 29, 2010 8:15 AM To: Raquel Tully Subject: RE:	(ج	1K# 1005 \$ 200- Recovery
\$700 for 2009 RAF, \$105 for penalty, \$	21 for interest	COSTU
\$700 for 2010 RAF and \$500 fine (\$20	0 of the fine goes to PSC Trust Fund)	300- the
Nancy Pruitt Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399 850-413-6127 850-413-6128 (fax)	DEPOSIT DATE , 0 4 0 DAY 0 3 2010	4-27-10 RT
From: Raquel Tully Sent: Thursday, April 29, 2010 8:02 AM To: Nancy Pruitt Subject: RE: yes		ID MAY -3 AT ID: 26
From: Nancy Pruitt Sent: Thursday, April 29, 2010 8:02 AM To: Raquel Tully Subject: RE: Did they request cancellation?		COM APA ECR
Nancy Pruitt Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399 850-413-6127 850-413-6128 (fax)		GCL RAD SSC ADM OPC CLK <i>Normy</i> e
Enemy Docuol Tully		

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

LICCLEMENT OF MEEN CATE L 3613 MAY-32 FPSC-COMPLESSION CLERK

	s, the regulatory assessment fee return must be filed on or before 0201/20 A change Company Regulatory Assessment	
	Florida Public Service Commission	FOR PSC USE ONLY
STATUS:	(See Filing Instructions on Back of Form)	Check # 1005
x Actual Return	TK241-09-0-R	s <u>100.60</u> 06-03-001
Estimated Return	Sarah Telecom LLC	003001
Amended Return	6712 North University Drive	\$E
	Tamarac, FL 33321 40 DATE	\$ 105.00 P 06-03-001
PERIOD COVERED: 01/26/2009 TO 12/31/2009		s_ <u>21.00</u> 1 004011
	0 4 0 HAY 0 3 2010	Postmark Date 4-27.10 Initials of Preparer ET
	Please Complete Below If Official Mailing Address Has Changed	

	(Name of Company)	Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION		FLORIDA GROSS ERATING REVENUE	INTRASTATI	E REVENUE
1.	Long Distance Services	\$635,	,000.01	\$ <u>512.96</u>	
2.	Access Services				
3.	Private Line Services				
4.	Leased Facilities & Circuits Services				
5.	Miscellaneous Services			-	
6.	TOTAL Telephone Services	\$ <u>635</u> ,	.000.01	\$ <u>512.96</u>	
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	()	()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	ion		\$512.96	
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" of			\$21	
12.	Extension Payment Fee (see "4. Extension" on back) Late Payment Fine			\$500	
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)			\$1,326	(2)

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These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 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) Alternate-Operator Service	(X) Reseller () Call Aggregator () Rebiller () Other:	· · · · · · · · · · · · · · · · · · ·
	BILLING INFORMATION	· · · · · · · · · · · · · · · · · · ·
Complete below if billing agent is other than yourself	f.	
(Name) What is the total amount of customer deposits collect Amount: \$for 20	(Address: City/State/Zip) What is the tota Amount: \$	(Telephone) al amount of bond held (if applicable)? Expires:
· · · · · · · · · · · · · · · · ·	COMPANY INFORMATION	
Do you lease telecommunications' facilities? ()		
If YES, who do you lease these facilities from? Nam Address: I, the undersigned owner/officer of the above- information is a frue and correct statement. I am aw	named company, have read the foregoing and declare that to the vare that pursuant to Section 837.06, Florida Statutes, whoever know nce of his/her duty shall be guilty of a misdemeanor of the second deg	best of my knowledge and belief the above ringly makes a false statement in writing with gree.
If YES, who do you lease these facilities from? Nam Address: I, the undersigned owner/officer of the above- information is a frue and correct statement. I am aw the intentropmisted a public servant in the performan	named company, have read the foregoing and declare that to the vare that pursuant to Section 837.06, Florida Statutes, whoever know nce of his/her duty shall be guilty of a misdemeanor of the second deg Managing Member	best of my knowledge and belief the above ringly makes a false statement in writing with gree. $\underline{Y}-\underline{2}I-IO$
If YES, who do you lease these facilities from? Nam Address: I, the undersigned owner/officer of the above- information is a frue and correct statement. I am aw	named company, have read the foregoing and declare that to the vare that pursuant to Section 837.06, Florida Statutes, whoever know nce of his/her duty shall be guilty of a misdemeanor of the second deg	best of my knowledge and belief the above ringly makes a false statement in writing with gree. $\underbrace{\mathcal{U} - \mathcal{U} - \mathcal{U}}_{(Date)}$
If YES, who do you lease these facilities from? Nam Address: I, the undersigned owner/officer of the above- information is a frue and correct statement. I am aw the intentropmisted a public servant in the performan	named company, have read the foregoing and declare that to the rare that pursuant to Section 837.06, Florida Statutes, whoever know nce of his/her duty shall be guilty of a misdemeanor of the second deg <u>Managing Member</u> (Title) Telephone Number (954) 721-6701	best of my knowledge and belief the above ringly makes a false statement in writing with gree. $\underline{Y}-\underline{2}I-IO$

FPSC-COLLAPSOIDN CLERK

		s, the regulatory assessme xchange Compa				OR PSC USE ON	NLY
STATUS:			ablic Service Con Iling Instructions on Back of F		Check #	1005	
x Actual F	eturn	TK241-09-0-D	ming man actions on Date of t		570	0.00	06-03-001
	ed Return	Sarah Telecom Ll	LC		·		003001
Amende	d Return	6712 North Unive		ATE	\$	E	
		Tamarac, FL 333	21-4013		\$	P	06-03-001 004011
PERIOD CO /01/2010	OVERED: to 12/31/2010		., 0 4 0 NAY 0	3 2610	\$	II	004011
ondo			•		Postmark I Initials of I		7-10
ency		Please Complete Belo	w If Official Mailing A	ddress Has Changed		·	
\bigcirc		<u></u>	(Address)		(City/State)		(Zip)
	Name of Company)		(Address)		(City/Balle)		(±p)
LINE NO.	ACCO	JNT CLASSIFICATION		FLORIDA OPERATING		INTRASTATE I	REVENUE
	ong Distance Services			\$0.00		50.00	
	cess Services ivate Line Services				<u>_</u>		
	ased Facilities & Circu	ts Services					
5. M	iscellaneous Services						
6. TC	OTAL Telephone Serv	ices		\$ <u>0.00</u>	9	\$ <u>0.00</u>	
7. LE	SS: Amounts Paid to T	elecommunications Compan	ies ⁽¹⁾)	()
8. TC	OTAL REVENUES Fo	r Regulatory Assessment Fe	e Calculation		5	0.00	
		e Due (Multiply Line 8 by 0				<u>Minimum: </u> \$	700
		(see "3. Failure to File by D (see "3. Failure to File by Du					
		ee "4. Extension" on back)					
13. TO	OTAL AMOUNT DU	C (\$700.00 MINIMUM)			5	<u>700</u>	(2)
(1) (2)) These amounts must l) Regardless of the gro Section 364.336, Flor	be <u>intrastate only</u> and must be ss operating revenue of a cor ida Statutes.	e verifiable (see "2. Fees mpany, a minimum annu	" on back). 1al regulatory assessment f	ee of \$700 shall	be imposed as pro	vided in
		CI	URRENT COMPANY				
) Facilities-E) Alternate-C 	Based Carrier Operator Service	(X) Reselle () Rebille		() Call Aggregator () Other:			
			BILLING INFORMA	TION			
Complete below	if billing agent is other	than yourself.			()		
	(Name) amount of customer de for 2		(Address: Cit	What is the	total amount of b	hone) ond held (if applic Expires:	able)?
Amount: 3				Amount.	Ф		

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 anublic servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

VUVVer	Managing Membe	<u> </u>	
(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. 51066	0744	

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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@tkcrowc.com

April 27, 2010

BY FEDEX (850-413-6100)

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

Re: <u>Sarah Telecom LLC; IXC Registration Code TK241</u> 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,

4-1

Cheng-yi Liu, Counsel for Sarah Telecom LLC

OBCUMENT ACMPER, DATE 0 3613 MAY-3 ⊆ FPSC-COMMUSCIENCE CURE

Enclosures

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010

Interexchange Company Regulatory Assessment Fee Return

	Florida Public Service Commission	FOR PSC USE	ONLY
STATUS:	(See Filing Instructions on Back of Form)	Check #	
X Actual Return Estimated Return	TK241-09-0-R Sarah Telecom LLC	\$	06-03-001 003001
Amended Return	6712 North University Drive	\$ E	
	Tamarac, FL 33321-4013	\$ P	06-03-001
PERIOD COVERED: 01/26/2009 TO 12/31/2009		\$1	004011
		Postmark Date Initials of Preparer	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address)		ress) (City/Si	iate)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRAST/	ATE REVENUE
1.	Long Distance Services	\$ <u>635,000.01</u>	\$ <u>512.96</u>	
2.	Access Services			
3.	Private Line Services			
4.	Leased Facilities & Circuits Services			
5.	Miscellaneous Services			
6.	TOTAL Telephone Services	\$ <u>635,000.01</u>	\$ <u>512.96</u>	
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	() ()
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$512.96	
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 ba	uck)	\$105	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on bac	ck)	\$21	
12.	Extension Payment Fee (see "4. Extension" on back)			
13.	Late Payment Fine TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$500 \$1,326	(2)

(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 CO	MPANY STATUS		
() Facilities-Based Carrier () () Alternate-Operator Service ()) Reseller) Rebiller		Aggregator r:	
	BILLING I	NFORMATION		
Complete below if billing agent is other than yourself.				()
(Name) What is the total amount of customer deposits collected? Amount: \$for 20	(A	ddress: City/State/Zip)	What is the total amo Amount: \$	(Telephone) ount of bond held (if applicable)? Expires:
	COMPANY	INFORMATION		
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name:	(X) NO			
Address:				· · · · · · · · · · · · · · · · · · ·
I, the undersigned owner/officer of the above-name information is a frue and correct statement. I am aware the the intention mislead a public servant in the performance of	nat pursuant to Section	837.06, Florida Statute: ailty of a misdemeanor	s, whoever knowingly	
(Signature of Company Official)		(Title)		(Date)
Mohammad Nasir (Preparer of Form - Please Print Name)	Telephone	Number (954) 72	1-6701 Fa	ax Number <u>(954) 721-8091</u>
	F.E.I. No	510660744	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·

PSC/RAD 153 (Rev. 12/09)

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TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010

• • • *

Interexchange Company Regulatory Assessment Fee Return

	Florida Public Service Commission	FOR PSC	USE ON	LY
STATUS:	(See Filing Instructions on Back of Form)	Check #		
x Actual Return Estimated Return	TK241-09-0-D Sarah Telecom LLC	\$		06-03-001 003001
Amended Return	6712 North University Drive	\$	_ E	
	Tamarac, FL 33321-4013	\$	P	06+03-001 004011
PERIOD COVERED: 01/01/2010 to 12/31/2010		\$	1	004011
		Postmark Date Initials of Preparer		
	Please Complete Below If Official Mailing Address Has Changed			

	(Name of Company) (A	Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA (OPERATING F		ATE REVENUE
1. 2. 3. 4. 5	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$ <u>0.00</u>	\$ <u>0.00</u>	
6. 7.	TOTAL Telephone Services LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	\$ <u>0.00</u> (\$ <u>0.00</u>) () ())
8. 9. 10. 11. 12.	TOTAL REVENUES For Regulatory Assessment Fee Calculat Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) Penalty for Late Payment (see "3. Failure to File by Due Date" of Interest for Late Payment (see "3. Failure to File by Due Date" of Extension Payment Fee (see "4. Extension" on back)	on back)		n: \$700
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>700</u>	(2)

These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 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(:() Alternate-Operator Service(X) Reseller) Rebiller	 () Call Aggregator () Other: 	<u> </u>		
	BILLING INF	ORMATION			
Complete below if billing agent is other than yourself.			()		
(Name) What is the total amount of customer deposits collected? Amount: \$ for 20	(Add		(Telephone) total amount of bond held (if applicable)? Expires:		
Do you lease telecommunications' facilities? () YES If YES, who do you lease these facilities from? Name: Address:		ORMATION			
I, the undersigned owner/officer of the above-nam information is a true and correct statement. I am aware the intent to mislead a nublic servant in the performance of	that pursuant to Section 83	7.06, Florida Statutes, whoever kn y of a misdemeanor of the second	owingly makes a false statement in writing with		
(Signatúre of Company Official)		(Title)	(Datc)		
Mohammad Nasir (Preparer of Form - Please Print Name)	Telephone N	umber (954) 721-6701	Fax Number (954) 721-8091		
-	F.E.I. No.	510660744			