AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

June 17, 2013

RECEIVED-FPSC 13 JUN 17 PM 1: 23 COMMISSION COMMISSION

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Ms. Ann Cole, Commission Clerk Office of the Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

| X | claim of confidentiality |
|-----|-----------------------------|
| 217 | notice of intent |
| | request for confidentiality |
| | filed by OPC |

For DN 03365-13, which is in locked storage. You must be authorized to view this DN.-CLK

RE: Smart City Telecommunications LLC d/b/a Smart City Telecom; Rate Floor Certification

Dear Ms. Cole:

In accordance with 47 C.F.R. 54.313 (a)(1) - (a)(6) and (h), enclosed for filing is Smart City Telecom's Rate Floor Certification. Smart City considers certain portions of these supporting materials to be proprietary confidential business information and therefore hereby is filing the response under a claim of confidentiality pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5), Florida Administrative Code. One highlighted (confidential – not to be disclosed) and two redacted copies (available for public inspection) are enclosed per the rule.

You may contact me if there are questions regarding this filing.

Sincerely,

J. Jeffry Wahler

Enclosures

COM

DM

AFD

cc: Lynn B. Hall (w/o encls.)

DOCUMENT NUMBER-DATE

03364 JUN 17 2

FPSC-COMMISSION CLERK

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

| I certify that <u>National Excha</u> the information reported on E include ensuring the accurac actual rate floor data provide I certify that I am authorized the the information reported here | nge Carrier Association pehalf of the reporting by of the actual rate flo d to the authorized ag | g carrier. I also certify that I am an of oor data provided to the authorized a | is auth fficer of the reporting cagent; and, to the best of | orized to submit arrier; my responsibilities of my knowledge, the |
|--|--|--|---|---|
| Name of Authorized Agent National E | xchange Carrier Asso y Pelecommunic | | | |
| Signature of authorized officer | Ames & 1 | dumaches | Dat | 6/11/13. |
| Printed name of authorized officer James | es Schumacher | | | 1 1 |
| Title or position of authorized officer | Finance & Admir | nistration | | |
| Telephone number of authorized officer: | 07-828-6656 _e | ext. | | |
| | 210330 | Filing Due Date for this form | 7/1/2013 | |

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| Name of Reporting Carrier Small | rt City Telecom | munications, LLC | | |
|--|-----------------------------------|--|---------------------|--|
| Signature of authorized officer | Tathus Job | Date 6/11/13 | | |
| Printed name of authorized officer James Schumacher | | | | |
| Title or position of authorized officer | VP Finance & | Administration | | |
| Telephone number of authorized officer: | 407) 828-6656axt. | | | |
| Study Area Code of Reporting Carrier | 210330 | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2013 | ALL SECTION |
| X I certify that our company receives or as defined) less than \$14. | is projected to receive High Cost | Loop Support or High Cost Model Support in | n 2013 and has no m | onthly residential rates (plus charges |

| RATE FLOOR DATA COLLECTION - OMB Co | |
|-------------------------------------|--|
| | |
| | |
| | |

Block 1 - Contact Information

| ROW# | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE |
|------|---|--------------------------------|---|
| 1 | Carrier Study Area Code | 6 numeric digits | 210330 |
| 2 | Carrier Study Area Name | alpha characters | SMART CITY TELECOMMUNICATIONS LLC dba SM.CI |
| 3 | Service Provider Identification Number | 9 numeric digits | 143023756 |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yy | 06/01/13 |
| 5 | Contact Name | alpha characters | Huttenhower, Debbie |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | 407-828-6656 |
| 7 | Sheet Number | numeric digit(s) | |
| 8 | Total Number of Sheets | numeric digit(s) | |

Block 2. Brokenskil Coosi Service Rates, Page, and Line Counts

| | Column 1 Residential Local Service Charge | Column 2 State Subscriber Line Charge | Column 3 State Universal Service Fee | Column 4 Manditory Extended Area Service Charge | Column 5 Loops |
|---|---|---|--|--|-------------------|
| 9 | | | | | |