LUMEN®

January 23, 2026

Adam Teitzman, Director
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

RE: **CONFIDENTIAL**- Regulatory Assessment Fee Returns for Six Months Ending December 31, 2025

Dear Mr. Teitzman:

Enclosed in a sealed envelope for confidential filing please find the Florida Regulatory Assessment fee returns for the six months ended December 31, 2025, for the following companies containing confidential information:

CenturyLink of Florida, Inc. – TL727-25-T-2-R
Embarq Communications – TX273-25-T-2-R
Level 3 Communications, LLC – TX238-25-T-2-R
Level 3 Telecom of Florida, LP – TA013-25-T-0-R
Broadwing Communications, LLC – TX804-25-T-0-R
Telcove Operations, LLC – TX912-25-T-0-R
Global Crossing Local Services, Inc. – TX176-25-T-0-R

The Company is requesting confidential treatment of this report pursuant to §364.183, Florida Statutes. This Notice requires that the information be treated as confidential while on file at the Florida Public Service Commission. Thank you for your assistance in this matter.

If you have any questions concerning these FL RAF filings, please contact Kenneth W. Buchan at (318) 362-1538 or via email at ken.buchan@lumen.com.

Sincerely,

Penny Nugent

Penny Nugent
Senior Analyst-Regulatory Finance
Penny.nugent@lumen.com
318-330-6409
Attachments
100 CenturyLink Drive
Monroe, LA 71203
Tel: 318-388-9000
Lumen.com

Deposit Number

000868

Deposit Date

FEB 04 2026

REDACTED

TO AVOID PENALTY AND INTEREST CHARGES THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2026

Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

____ Actual Return
X Estimated Return
____ Amended Return

PERIOD COVERED:
07/01/2025 TO 12/31/2025

Conf.

TX238-25-T-2-R
Level 3 Communications, LLC
11832 Kestrel Drive
New Port Richey, FL 34654

FOR PSC USE ONLY

Check# 0041564722

$ 23,194.34 06-03-001 003001

$ ____ E

$ ____ P

06-03-001 004011

$ ____ I

Postmark Date 01/30/26

Initials of Preparer TH

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	$ [redacted]	$ [redacted]
2	Network Access Revenues		
3.	Long Distance Network Services Revenues		
4.	Miscellaneous Revenues		
5.	TOTAL REVENUES	$	$
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)		(
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		$
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than $600, enter amount. If less, enter $600.)(2)		
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		
11.	Extension Payment Fee (see "4. Extension" on back)		
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		$

(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 feee of $600 shall be imposed as provided in Section 364.336, Florida Statues.

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 Statues, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Kenneth W Buchan
(Signature of Company Official)

Senior IManager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)

1/23/2026
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number ____

F.E.I. No. 47-0807040

PSC/TEL 159 (12/11)
Rule 25-4.0161, F.A.C

Deposit Number

00086c

REDACTED

Deposit Date

FEB 04 2026

TO AVOID PENALTY AND INTEREST CHARGES THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30 2026

Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

____ Actual Return
_X_ Estimated Return
____ Amended Return

PERIOD COVERED:
01/01/2025 TO 12/31/2025

Conf.

TX804-25-T-0-R
Broadwing Communications, LLC
11832 Kestrel Drive
New Port Richey, FL 34654

Please Complete Below If Official Mailing Address Has Changed

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

FOR PSC USE ONLY

Check# 00415642 1

$ 600.00 06-03-001 003001

$ E

$ P

06-03-001 004011

$ I

Postmark Date 01/30/26

Initials of Preparer

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	$ [redacted]	$ [redacted]
2.	Network Access Revenues		
3.	Long Distance Network Services Revenues		
4.	Miscellaneous Revenues		
5.	TOTAL REVENUES	$	$
6.	LESS. Amounts Paid to Other Telecommunications Companies(1)		(
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		$
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than $600, enter amount. If less, enter $600.)(2)		
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10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		
11.	Extension Payment Fee (see "4. Extension" on back)		
12.	**TOTAL AMOUNT DUE (Add lines 8 through 11)**		$

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Kenneth W Buchan
(Signature of Company Official)

Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

1/23/2026
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number

F.E.I. No. 75-3105020

PSC/TEL 159 (12/11)
Rule 25-4.0161, F.A.C

Deposit Number

00086

Deposit Date

FEB 04 2026

REDACTED

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Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
X Estimated Return
_____ Amended Return

PERIOD COVERED:
01/01/2025 TO 12/31/2025

TX912-25-T-0-R
TelCove Operations, LLC
11832 Kestrel Drive
New Port Richey, FL 34654

Conf.

FOR PSC USE ONLY

Check# 004156420

$ 600.00 06-03-001 003001

$ _____ E

$ _____ P

06-03-001 004011

$ _____ I

Postmark Date 01/30/26

Initials of Preparer YH

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	$ [redacted]	$ [redacted]
2.	Network Access Revenues		
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Kenneth W Budnan
(Signature of Company Official)

Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

1/23/2026
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 25-1841903

PSC/TEL 159 (12/11)
Rule 25-4.0161, F.A.C

Deposit Number

000868

Deposit Date

FEB 04 2026

REDACTED

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Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
__X__ Estimated Return
_____ Amended Return

PERIOD COVERED:
01/01/2025 TO 12/31/2025

Conf.

TX176-25-T-0-R
Global Crossing Local Services, Inc
11832 Kestrel Drive
New Port Richey, FL 34654

FOR PSC USE ONLY

Check# 0041564119

$ 600.00 08-03-001 003C01

$ _____ E

$ _____ P

08-03-001 004011

$ _____ I

Postmark Date 01/30/26

Initials of Preparer

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Kenneth W Beecham
(Signature of Company Official)

Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

1/23/2026
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 38-3273802

PSC/TEL 159 (12/11)
Rule 25-4.0161, F.A.C.