

Deposit Date Deposit Number
MAR 03 2026 000876

FILED 3/3/2026
DOCUMENT NO. 01390-2026
FPSC - COMMISSION CLERK
LUMEN

February 25, 2026

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

REDACTED

RE: **CONFIDENTIAL**- FINAL 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 FINAL 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

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2025 FEB 26 AM 11:17
COMMISSION
CLERK

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

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2026

Local Telephone Service Provider Regulatory Assessment Fee Return

Deposit Date

MAR 03 2026

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TL727-25-T-2-R
 CenturyLink of Florida, Inc.
 11832 Kestrel Drive
 New Port Richey, FL 34654

Deposit Number

000876

PERIOD COVERED:

07/01/2025 TO 12/31/2025

Conf.

Please Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY

Check#

0013148366

\$ 7,892.10

06-03-001
003001

\$ _____ E
\$ _____ P

06-03-001
004011

\$ _____ I

Postmark Date

02/26/26

Initials of Preparer

SH

(Name of company)

(Address)

(City / State)

(Zip)

LINE NO.

TOTAL FLORIDA GROSS OPERATING REVENUE

INTRASTATE REVENUE

1. Local Service Revenues

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 fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

Kenneth Buchanan

(Signature of Company Official)

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

(Title)

2/23/2026

(Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

Telephone Number

(318) 330-6409

Fax Number

F.E.I. No. 59-0248365

Redacted

CenturyLink of Florida, Inc.
Amounts Paid to Other Telecommunications Companies
Support for Line 6 - Florida PSC Regulatory Assessment Fee Return
For the Six Month Period Ending Dec 31, 2025

Company	Amount
AT&T	
Bell South	
Deltacom	
Level 3 Communications	
Sprint Spectrum	
TDS Quincy	
Time Warner Communications	
XO Communications	
Verizon Wireless	
Various Other Carriers	
Total	

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
 Estimated Return
 Amended Return

TA013-25-T-0-R
Level 3 Telecom of Florida, LP
11832 Kestrel Drive
New Port Richey, FL 34654

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

Conf.

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P
06-03-001
004011

\$ _____ I

Postmark Date _____
Initials of Preparer _____

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	[REDACTED]	[REDACTED]
3.	Long Distance Network Services Revenues	[REDACTED]	[REDACTED]
4.	Miscellaneous Revenues	[REDACTED]	[REDACTED]
5.	TOTAL REVENUES	\$ [REDACTED]	\$ [REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)		([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ [REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2)		\$ [REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ [REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)		\$ [REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)		\$ [REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ [REDACTED]

- (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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

Kenneth W. Buchan Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) 2/23/2026
(Signature of Company Official) (Title) (Date)

Penny S. Nugent Telephone Number 318-330-6409 Fax Number _____
(Preparer of Form - Please Print Name)

F.E.I. No. 06-1363374

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
- Estimated Return
- Amended Return

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

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

Conf.

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 _____

 (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	\$ [REDACTED]	\$ [REDACTED]
3.	Long Distance Network Services Revenues	\$ [REDACTED]	\$ [REDACTED]
4.	Miscellaneous Revenues	\$ [REDACTED]	\$ [REDACTED]
5.	TOTAL REVENUES	\$ [REDACTED]	\$ [REDACTED]
6.	LESS: Amounts Paid to Other Telecommunications Companies(1)	([REDACTED]	([REDACTED]
7.	NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	\$ [REDACTED]	\$ [REDACTED]
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2)	\$ [REDACTED]	\$ [REDACTED]
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ [REDACTED]	\$ [REDACTED]
10.	Interest for Late Payment (see "3. Failure to file by Due Date" on back.)	\$ [REDACTED]	\$ [REDACTED]
11.	Extension Payment Fee (see "4. Extension" on back)	\$ [REDACTED]	\$ [REDACTED]
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	\$ [REDACTED]	\$ [REDACTED]

(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 \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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Kenneth W. Buchanan Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) 2/23/2026
 (Signature of Company Official) (Title) (Date)

Penny S. Nugent Telephone Number 318-330-6409 Fax Number _____
 (Preparer of Form - Please Print Name)

F.E.I. No. 38-3273802

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
 Estimated Return
 Amended Return

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

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

Conf.

FOR PSC USE ONLY	
Check#	_____
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date	_____
Initials of Preparer	_____

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		\$
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)		\$

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Kenneth Buchanan Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) 2/23/2026
(Signature of Company Official) (Date)

Penny S. Nugent Telephone Number 318-330-6409 Fax Number _____
(Preparer of Form - Please Print Name)

F.E.I. No. 47-0807040

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2026

Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See filing Instructions on Back of Form)

TX273-25-T-0-R
 Embarq Communications
 11832 Kestrel Drive
 New Port Richey, FL 34654

PERIOD COVERED:

01/01/2025 TO 12/31/2025

Conf.

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of company)

(Address)

(City / State)

(Zip)

LINE NO.

TOTAL FLORIDA GROSS OPERATING REVENUE *

INTRASTATE REVENUE

1. Local Service Revenues

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 (Li

8. Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If le

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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)

2/23/2026
(Date)

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

(318) 330-6409 Fax Number

04-6141739

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
 Estimated Return
 Amended Return

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

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

Conf.

FOR PSC USE ONLY	
Check#	_____
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date	_____
Initials of Preparer	_____

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	\$		\$	
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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11.	Extension Payment Fee (see "4. Extension" on back)				
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)			\$	

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Kenneth S. Buchan (Signature of Company Official) Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) 2/23/2026 (Date)

Penny S. Nugent (Preparer of Form - Please Print Name) Telephone Number 318-330-6409 Fax Number _____ F.E.I. No. 75-3105020

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

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

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

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

Conf.

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P
06-03-001
004011

\$ _____ I

Postmark Date _____
Initials of Preparer _____

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				
2.	Network Access Revenues				
3.	Long Distance Network Services Revenues				
4.	Miscellaneous Revenues				
5.	TOTAL REVENUES				
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Kenneth W. Buehan Senior Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) 2/23/2026
 (Signature of Company Official) (Title) (Date)

Penny S. Nugent Telephone Number 318-330-6409 Fax Number _____
 (Preparer of Form - Please Print Name)

F.E.I. No. 25-1841903