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The CommLaw Group

DIVISION OF
COMPETITIVE SERVICES

HELEIN & MARASHLIAN, LLC
1483 Chain Bridge Road
Suite 301
McLean, Virginia 22101

Telephone: (703) 714-1300

Facsimile: (703) 714-1330

E-mail: mail@CommLawGroup.com

Website: www.CommLawGroup.com

Writer's Direct Dial Number
Address
703-714-1308

Writer's E-mail

cac@CommLawGroup.com

December 21, 2006

VIA OVERNIGHT DELIVERY

Ms. Toni McCoy
Florida Public Service Commission
2540 Shumard Oak Boulevard
Gerald Gunter Building
Tallahassee, Florida 32399-0850

060810-TI

COMMISSION
CLERK

07 JAN - 3 PM 3: 58

RECEIVED-FPSC

Re: *AmeriVon LLC Withdrawal of Application for Name Change and Cancellation of IXC Registration*

Dear Ms. McCoy:

AmeriVon LLC ("AmeriVon") hereby withdraws its application for name change to V-Global Communications, LLC ("V-Global") and requests cancellation of AmeriVon's IXC registration with an effective date of December 31, 2006. AmeriVon and V-Global previously requested a name change from the Florida Public Service Commission ("Commission") in Docket No. 060810-TI. AmeriVon's original IXC Registration was issued by the Commission in Docket No. 050841-TI.

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC I
- OTH Kim P. Nonmye

In conformity with the Commission's IXC Cancellation Rule under 25-24.474, enclosed with this letter is the final 2006 Regulatory Assessment Fee ("RAF") return form. Because AmeriVon has not had any customers in the State of Florida during the year 2006, a check for the minimum RAF is enclosed.

Since neither AmeriVon nor V-Global have any customers in the state of Florida, consumers will not be harmed by canceling the registration and the public interest will not be affected by the request.

Thank you for your assistance with this matter. Please feel free to contact me with any additional questions or concerns.

Sincerely,

Christopher A. Canter
Regulatory Counsel

DOCUMENT NUMBER-DATE

00069 JAN-30

FPSC-COMMISSION CLERK

ATTACHMENT

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2006 TO 12/31/2006

(See Filing Instructions on Back of Form)

TK033-06-0-R
AmeriVon LLC
One Stamford Plaza, 9th Floor
Stamford, CT 06901

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. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|---------------------------------|---------------------|
| 1. | Long Distance Services | \$ 0 | \$ 0 |
| 2. | Access Services | | |
| 3. | Private Line Services | | |
| 4. | Leased Facilities & Circuits Services | | |
| 5. | Miscellaneous Services | | |
| 6. | TOTAL Telephone Services | \$ | \$ |
| 7. | LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾ | () | () |
| 8. | TOTAL REVENUES For Regulatory Assessment Fee Calculation | | \$ |
| 9. | Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) | | |
| 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. | TOTAL AMOUNT DUE (\$50 MINIMUM) | | \$ 0 ⁽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 \$50 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: \$ 0 for 20 06
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.

(Signature of Company Official) Attorney (Title) 12/21/06 (Date)

Christopher A. Carter Esq. Telephone Number (703) 714-7308 Fax Number (703) 714-1330
(Preparer of Form - Please Print Name)

F.E.I. No. AmeriVon: 77-0603852

VENDOR ID: FLPUBLICSE

CHECK NO: 00012418

DATE: 12/21/06

PAYEE: FL Public Service Commission

MEMO:

ACCOUNT

AMOUNT

5200 Client Expenses

50.00

CHECK TOTAL: *****\$50.00

THE HELEIN LAW GROUP, P.C.

8180 GREENSBORO DRIVE SUITE 775
McLEAN, VIRGINIA 22102

BB&T

Branch Banking and Trust Company of Virginia

68-531/560

12418

00012418

PAY FIFTY AND XX / 100 Dollars

DATE

AMOUNT

12/21/06

*****\$50.00

TO THE ORDER OF FL Public Service Commission

Deborah Schneider

AUTHORIZED SIGNATURE

Security features. Details on back.