

REQUEST TO ESTABLISH DOCKET
(Please Type)

ORIGINAL

Date: 7/9/2007

Docket No.:

070401-TX

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of CLEC Certificate No. 7180 by Telephone Systems of Georgia, Inc., effective July 3, 2007.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

RECEIVED FPSC
07 JUL -9 PM 3:17
COMMISSION
CLERK

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

05717 JUL-9

FPSC-COMMISSION CLERK

Monday, July 09, 2007

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Sharon M. Allen

Phone: 850-521-2055

Fax:

FROM:

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

Telephone Systems of Georgia, Inc.
(TI983 and TX340)

Dear Ms. Allen:

The Commission received your July 2nd letters requesting cancellation of the company's IXC registration and CLEC certificate. Attached are the 2007 Regulatory Assessment Fee return forms, which should be completed and returned with payment in order for the company to receive a voluntary cancellation.

Let me know if you have any questions. Thanks.

*Mailed 7/9/07
dji*

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TX340-07-0-R
 Telephone Systems of Georgia, Inc.
 1013 S. Martin Luther King, Jr. Blvd.
 Tallahassee, FL 32301-2242

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 _____

PERIOD COVERED:
 01/01/2007 TO 12/31/2007

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$600 MINIMUM)		\$ _____ ⁽³⁾

(1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (3) 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.

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.
 _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES 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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) (Title) (Date)
 Telephone Number () _____ Fax Number () _____
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

TI983-07-0-R
 Telephone Systems of Georgia, Inc.
 1013 S. Martin Luther King Jr. Blvd.
 Tallahassee, FL 32301-2242

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	\$ _____	\$ _____
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 (\$700 MINIMUM)		\$ _____ ⁽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 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? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 20 _____ Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES 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) (Title) (Date)

Telephone Number () _____ Fax Number () _____

(Preparer of Form - Please Print Name)

F.E.I. No. _____

2007 JUL -9 PM 12:03
COMPETITIVE SERVICES

July 2, 2007

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

Attn: Paula Isler

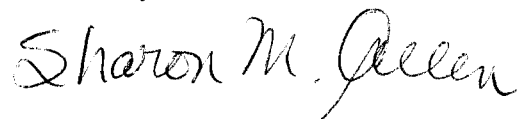
RE: Certificate #TX3-40-05-0-R

Dear Ms. Isler:

This is to request that the Florida Public Service Commission cancel the above referenced Certificate effective immediately. Since there is no way to hold a certificate in an inactive mode, we find that the Commissions excessive Regulatory Assessment Fee prevents us from maintaining a certificate.

Your assistance with this cancellation is greatly appreciated. Please mail our final report form as soon as possible. Our office at 1013 M.L. King Blvd., South, Tallahassee, Florida 32301 has closed and we will not be receiving mail there after September 30, 2007. Also, our fax number on file with you is not receiving incoming faxes and will be disconnected in the near future. Our phone number, 850 521-2050 is also to be disconnected in the near future and if it is necessary to contact us by phone, please call 850 521-2055.

Yours truly,



Sharon M. Allen
Corporate Officer

MCD Company Information for TX340

Printed on 07/09/2007 at 10:46:57 by PJI

Company Code: TX340
Complete Name: Telephone Systems of Georgia, Inc.
Mailing Name: Telephone Systems of Georgia, Inc.
Certificate No(s): 7180
Status: Active
Regulation Date: 10/15/1999
Bankruptcy: No
Company Liaison #1: Sharon Allen
Title: Secretary/Treasurer
Mailing Address: 1013 S. Martin Luther King, Jr. Blvd.
Tallahassee, FL 32301-2242
Physical Location: 1013 S. Martin Luther King, Jr. Blvd.
Tallahassee, FL 32301-2242
Phone: (850) 521-2050
Fax: 521-2059
Related Dockets:
990881-TX Application for certificate to provide alternative local exchange telecommunications service by Telephone Systems of Georgia, Inc.
011545-TX Compliance investigation of Telephone Systems of Georgia, Inc. for apparent violation of Section 364.183(1), F.S., Access to Company Records.