

090096

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2008 TO 12/31/2008

*Records +
Pamela*

(See Filing Instructions on Back of Form)

TX583-08-0-R
 LPGA International Communications, LLC
 3424 Peachtree Road, Suite 2200
 Atlanta, GA 30326-1561

915 MAR 08 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 215613

\$ 600.00 06-03-001
003001

\$ _____ E

\$ 30.00 P 06-03-001
004011

\$ 6.09

Postmark Date 2/25/09
Initials of Preparer RT

(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)		\$ <u>600.</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		\$ <u>30.</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		\$ <u>6.</u>
13.	Extension Payment Fee (see "4. Extension " on back)		\$ _____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ <u>636.00</u> ⁽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.

COM _____ **CURRENT COMPANY STATUS**

ECR Facilities-Based Provider Reseller

GCL _____ Other: _____

OPC _____ **BILLING INFORMATION**

Complete below if billing agent is other than yourself.

RCP _____ (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____

SSC _____

SGA _____ **COMPANY INFORMATION**

Do you lease telecommunications' facilities? YES NO

If YES, who do you lease these facilities from? Name: _____

ADM _____ Address: _____

CLK NonDue

RECEIVED-FPSC
 09 MAR -2 PM 12:54
 COMMISSION CLERK
 DOCUMENT NUMBER DATE
 01632 MAR-28
 FPSC-COMMISSION CLERK

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) _____ 2-24-09 (Date)

_____ (Preparer of Form - Please Print Name) Telephone Number _____ Fax Number _____

F.E.I. No. _____

LPGA INTERNATIONAL COMMUNICATIONS, LLC

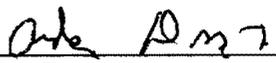
February 24, 2009

TO: FLORIDA PUBLIC SERVICE COMMISSION
FROM: LPGA INTERNATIONAL COMMUNICATIONS, LLC
RE: VOLUNTARY CANCELLATION / TX583-08-0-R

Attached herewith is a check in the amount of \$636.00 for payment of the RAF, penalty and interest.

Please accept this letter as our request for voluntary cancellation of the CLEC Certificate.

Thank You,



Arden Doss, Jr.

