

Competitive Local Exchange Company Regulatory Assessment Fee Return

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COMMISSION CLERK

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

*Records
Patula*

(See Filing Instructions on Back of Form)

TX583-09-0-R
LPGA International Communications, LLC
3424 Peachtree Road, Suite 2200
Atlanta, GA 30326-1156

Docket No. 090096-TX **DEPOSIT**

937 MAY 26 2009

FOR PSC USE ONLY

Check # 216633

\$ 600.00

\$ _____ E

\$ _____ P 06-03-001

\$ _____ I 004011

Postmark Date 5-16-09

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

(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)		\$ <u>600.00</u>
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 (\$600.00 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.

COM _____ **CURRENT COMPANY STATUS**

- ECR** () Facilities-Based Provider () Reseller
 () Other: _____

GCL _____

OPC _____ **BILLING INFORMATION**

Complete below if billing agent is other than yourself.

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

SSC _____ **COMPANY INFORMATION**

SGA Do you lease telecommunications' facilities? () YES () NO

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

CLK 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.

And Don T _____ President _____ 5-15-09 _____
 (Signature of Company Official) (Title) (Date)

Telephone Number () _____ Fax Number () _____

(Preparer of Form - Please Print Name) _____ F.E.I. No. _____

DOCUMENT NUMBER DATE
05127 MAY 22 09
FPSC-COMMISSION CLERK



RENEE MOTTRAM DOSS, CHAIRMAN
ARDEN DOSS, JR., PRESIDENT

May 15, 2009

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

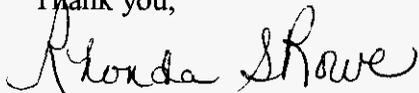
RE: TX583-LPGA International Communications, LLC

Paula,

Pursuant to our previous exchanges, please find included herewith a check # 216653 in the amount of \$600.00, dated 5/15/09. It is my understanding that you need to receive this amount previous to June 1, 2009, to complete the voluntary cancellation as requested by Arden Doss as requested in copy of attached correspondence. We again request that this voluntary cancellation be put in place.

Should there be any problems or questions, please contact me at (772) 692-7800, Extension 400.

Thank you,


Rhonda S. Rowe