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April 18, 2011
Via Overnight Mail

Ms. Ann Cole, Commission Clerk
Office of Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Gerald L. Gunter Building, Room 270
Tallahassee, FL 32399-0850

**Re: Notice of Name Change LDMI Telecommunications, Inc. d/b/a Cavalier Telephone
d/b/a Cavalier Business Communications
Authority No. T-07-0070 / Docket Number 070048-TI / Registration TI425**

Dear Ms. Cole:

The original and one (1) copy of this letter is filed as official notification that LDMI Telecommunications, Inc. d/b/a Cavalier Telephone d/b/a Cavalier Business Communications is requesting approval to change the name under which it provides telecommunications services in Florida to LDMI Telecommunications, Inc. d/b/a Cavalier Telephone d/b/a PAETEC Business Services.

The Company will continue to provide traditional residential telecommunications services under the Cavalier Telephone name and will provide traditional business telecommunications services under the PAETEC Business Services name. Included with this filing is the Certificate of Assumed Name registration filed with the Florida Department of State Division of Corporations for the PAETEC Business Services dba. Customers have been notified of the name change.

This name change does not affect the rates, terms or conditions of services currently provided to the Company's Florida customers. Upon Commission approval of this request, the Company will provide stickers and revised tariff pages with the new fictitious name.

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided.

Any questions you may have pertaining to this filing may be directed to me at (407) 740-3031 or via email at sthomas@tminc.com.

DOCUMENT NUMBER - DATE

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FPSC-COMMISSION CLERK

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April 18, 2011
Ms. Ann Cole, Commission Clerk
Office of Commission Clerk & Administrative Services
Florida Public Service Commission
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Thank you for your assistance.

Sincerely,



Sharon Thomas
Consultant to LDMI Telecommunications, Inc.

ST/im

Enclosures

cc: M. Ring - LDMI
K. Hoagland, LDMI
K. Geuder, TMI
file: LDMI - FL Toll
LDMI - FL Local
tms: FLL1102

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This space for office use only

Section 1

1. PAETEC Business Services
 Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
ATTN KAREN FERRINI
 600 Willowbrook Office Park
 Mailing Address of Business
 Fairport NY 14450
 City State Zip Code
 3. Florida County of principal place of business: _____
Escambia
 (see instructions if more than one county)
 FEI Number: 38-2940840

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
 Address _____
 City State Zip Code _____

2. Last _____ First _____ M.I. _____
 Address _____
 City State Zip Code _____

B. Owner(s) of Fictitious Name If other than an Individual: (Use attachment if necessary):

1. LDMI Telecommunications, Inc.
 Entity Name
600 Willowbrook Office Park
 Address
 Fairport NY 14450
 City State Zip Code
 Florida Document Number F95000004983
 FEI Number: 38-2940840
 Applied for Not Applicable

2. _____
 Entity Name
 Address _____
 City State Zip Code _____
 Florida Document Number _____
 FEI Number: _____
 Applied for Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

[Signature] 4/7/11
 Signature of Owner Date
 Phone Number: 757-213-6710

karen.ferrini@paetec.com
 E-mail address: (to be used for future renewal notification)

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name PAETEC Business Services
 _____, which was registered on _____ and was assigned
 registration number _____

 Signature of Owner Date

[Signature] 4/12/11
 Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50