TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2013 Local Telephone Service Provider Regulatory Assessment Fee Return

PERIOI 01/01/20	ual Return imated Return R 3 Al Created Return 26 COMMISS R O COVERED: CLERI 012 TO 12/31/2012	(See Filing Instructions on B S196-12-0-R OFG Enterprises, LLC 536 S.E. 13th Court Simpano Beach, FL 33062-72 DATE DE	13 POSIT	s s s Has Changed	FOR PSC U Check # 8 66 6 600 C 6 7 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	06-03-00 00300 E P 06-03-00 00401 I
	(Name of Company)	(Address)		(C	ity/State)	(Zip)
LINE NO.	Local Service Revenues			TOTAL FLORIDA GROSS FRATING REVENU		TRASTATE LEVENUE
2.	Network Access Revenues			- A -		-0-
3.	Long Distance Network Ser	vices Revenues	- Carrolland	-0-		-0-
4.	Miscellaneous Revenues		~	-0-	-	-0-
			-	_		2 -
5.	TOTAL REVENUES		\$		\$	0-
6.	LESS: Amounts Paid to Oth	ner Telecommunications Companies ⁽¹⁾				-0-
7.	NET INTRASTATE OPERA	TING REVENUE for Regulatory Assessm	ent Fee Calcul	ation (Line 5 less Line	6 8 -	-0-
8.	Regulatory Assessment Fee Due	(Multiply Line 7 by 0.0016. If more than \$6	00, enter amou	nt. If less, enter \$600.)	(2)	-0-
9.	Penalty for Late Payment (s	see "3. Failure to File by Due Date" on	back)		_	-0-
10.	· · ·	ee "3. Failure to File by Due Date" on l			***	-0-
11.	Extension Payment Fee (see	_	,			~0~
	DAMISION L BYMENE I SO (SOC					
12.	TOTAL AMOUNT DUE	(Add lines 8 through 11)			\$	-0
	(2) Regardless of the gros	intrastate only and must be verifiable (s s operating revenue of a company, a Section 364.336, Florida Statutes.	see "2. Fees" minimum a	on back). nnual regulatory as	sessment fee of \$	6600 shall be
the shove	e information is a true and cor ement in verting with the inten	the above-named company, have read trect statement. I am aware that pursuit to mislead a public servant in the per	ant to Section	n 837.06, Florida St	tatutes, whoever k	nowingly makes
	project Sa	nes TRESIDA	ENT		_ <u>03</u>	106/13
/	Signature of Company Off		(Title)	- <i>364-3733</i> i	Fay Number ((Date)
'	Preparer of Form - Please Pri	int Name)			av Laninger ()	·
`	··· •	F.E.I. No.	<u> 18-25</u>	84328		
7007	AD 150 (12/11)					
	AD 159 (12/11) 5-4.0161, F.A.C.				noci	IMPNT NIL

DOCUMENT NUMBER-DATE

0 1 289 MAR 13 2

02/28/13

MIS TONI EARNHARDT

AS We discussed we are ENCLOSING OUR CHECKE FOR \$636.00 AND AGAIN REQUESTING THAT YOU CANCEL TS 194-12-0-P.

Shouk you Very much Trogier Lefaines LMG ENTER PRISES

13 MAR - L PM 1: 46