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REDACTED

June 18, 2014

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14 JUN 18 AM 11:27
COMMISSION
CLERK

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

Ms. Carlotta S. Stauffer, Director
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Smart City Telecommunications LLC d/b/a Smart City Telecom; Rate
Floor Certification

Dear Ms. Cole:

In accordance with 47 C.F.R. 54.313 (a) and (h), enclosed for filing is Smart City Telecom's Rate Floor Certification. Smart City considers certain portions of these supporting materials to be proprietary confidential business information and therefore hereby is filing the response under a claim of confidentiality pursuant to Section 364.183(1), Florida Statutes, and Rule 25-22.006(5), Florida Administrative Code. One highlighted (confidential – not to be disclosed) and two redacted copies (available for public inspection) are enclosed per the rule.

You may contact me if there are questions regarding this filing.

Sincerely,


Ashley M. Daniels

- COM _____
- AFD _____
- APA _____
- ECO _____
- ENG _____
- GCL _____
- IDM _____
- TEL Redacted copy _____
- CLK _____

Enclosures

cc: Debbie Huttenhower (w/ encls.)



REDACTED FOR PUBLIC INSPECTION

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

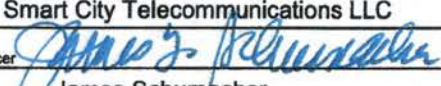
ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	210330
2	Carrier Study Area Name	alpha characters	SMART CITY TELECOMMUNICATIONS LLC dba SM.CITY
3	Service Provider Identification Number	9 numeric digits	143023756
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/14
5	Contact Name	alpha characters	Huttenhower, Debbie
6	Contact Telephone Number (include area code)	9 numeric digits	407-828-6656
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2 - Residential Local Service Rates, Fees and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9					
10					
11					
12					

Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Smart City Telecommunications LLC</u>			
Signature of authorized officer 			Date <u>June 11, 2014</u>
Printed name of authorized officer <u>James Schumacher</u>			
Title or position of authorized officer <u>VP Finance & Administration</u>			
Telephone number of authorized officer: <u>(407) 828-6656</u> ext. _____			
Study Area Code of Reporting Carrier	<u>210330</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>07/01/2014</u>

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Smart City Telecommunications LLC	
Signature of authorized officer					
Printed name of authorized officer			James Schumacher		
Title or position of authorized officer			VP Finance & Administration		
Telephone number of authorized officer:				(407) 828-6656 ext.	
Study Area Code of Reporting Carrier		210330	Filing Due Date for this form (mm/dd/yyyy)	07/01/2014	