

TG 828-15 1-0-R

Tri-County Telephone Inc.
P.O. Box 667812
Pompano Beach, FL 33066
561-705-5280

Total \$212.00
17152383428 VM
Ch # ~~171543834~~
\$ 100.00 R

Submitted to
Clerk's ofc 3/13/15
VM

DATE DEPOSIT

3-11-15

RR

March 7, 2015

MAR 13 2015 524 /

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Re: Certificate No. 7903

We would like to request cancellation of the above referenced certificate issued to Tri-County Telephone Inc., effective immediately.

Enclosed is a money order for \$100.00 (one hundred dollars) as instructed.

Sincerely yours,

Debbie Litte, Dir.

Debbie Litte, Director
Tri-County Telephone, Inc.
P.O. Box 667812
Pompano Beach, FL 33066
561-705-5280

RECEIVED-FPSC
15 MAR 13 AM 10:49
COMMISSION
CLERK

Print postage online -

PLEASE PRESS FIRMLY



1007

U.S. POSTAGE PAID
BOCA RATON, FL
33433
MAR 11, 15
AMOUNT
\$19.99
00113490-08



Flat Rate Mailing Envelope

For Domestic and International Use



When used internationally
x customs declarations
; Form 2976, or 2976A).

Place N

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (561) 740-2100
T. J. Gray, 404000
P.O. Box 17812
Fort Lauderdale, FL 33306

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 Refer to USPS.com or local Post Office* for availability.

TO: (PLEASE PRINT) PHONE ()
Florida State Commission
All Commission Clerk
3000 Summit Center Blvd
Tallahassee, FL
32309-9999

ZIP + 4* (U.S. ADDRESSES ONLY)



PRIORITY MAIL EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 35433	Scheduled Delivery Date (MM/DD/YY) 2/12/15	Postage \$ 14.00
Date Accepted (MM/DD/YY) 2/11/15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$
Time Accepted 9:42 <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Weight 2.77 lbs. 6.25 ozs.	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
	Acceptance Employee Initials	Total Postage & Fees \$ 15.00

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 insurance included.

USPS packaging products have been awarded Cradle to Cradle Certification™ for their ecologically-intelligent design. For more information go to mbdc.com/usps
Cradle to Cradle Certified™ is a certification mark of MDC.

use recycle.

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY



Pay Telephone Service Provider Regulatory Assessment Fee Return

Total 212.00

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

1/1/2014 TO 12/31/2014

TG828-14-T-0-R
 Tri-County Telephone Inc.
 P. O. Box 667812
 Pompano Beach, FL 33066-7812
 DATE DEPOSIT
 MAR 13 2015 524 /

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 17154383428
 \$ 100.00 06-03-001
 003001
 \$ E
 \$ 10.00 P 06-03-001
 004011
 \$ 2.00 I
 Postmark Date 3-11-15
 Initials of Preparer KR

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.		
	Less: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾	100.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.00
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ 112.00
10.	Number of pay telephones in operation at close of period covered by this Return	0

(1) These amounts must be **intrastate only** and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Debbie Little (Signature of Company Official) Director (Title) 3/7/15 (Date)

DEBBIE LITTLE (Preparer of Form - Please Print Name) Telephone Number (561) 705-5280 Fax Number (561) 705-5280

F.E.I. No. 95-9782563