

DOCKET NO. 160010-TX

FILED JAN 04, 2016
DOCUMENT NO. 00017-16
FPSC - COMMISSION CLERK

KuhlGroupInc.
business & energy technologies

RECEIVED-FPSC

2016 JAN -4 AM 10:19

COMMISSION
CLERK

December 29, 2015

Florida Public Service Commission
Office of Telecommunications
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Attention: Commission Clerk

Dear Commission Clerk,

This is to request the cancellation of our company certificate as a CLEC in the State of Florida effective 12/31/2015. Our certificate number is: TY114-15-T-0-R

We have had \$0.00 in revenues since our application was approved and there are no customers that could be affected by this cancellation.

We have attached the Regulatory Assessment Fee form and a check for \$600.00 for the 2015 year.

Please process the cancellation as requested at your earliest convenience, as we do not wish to incur the minimum fee for 2016.

Thank you for your help in this matter. I am available to answer any question at the number below my signature.

Sincerely,



Mark E. Healy
President

713-980-7211

FedEx US Airbill

Express

FedEx Tracking Number

8736 0549 7981

0200 Form ID No.

FedEx Retrieval Copy

Packages up to 150 lbs.

1 From
 Date: 12/21/15
 Sender's FedEx Account Number: 1581-3633-3
 Sender's Name: Kimi Field
 Phone: 713 608 0000
 Company: Kuhl Group Inc.
 Address: 6833 N. Eldridge Pkwy, 502
 City: Houston TX ZIP: 77041

2 Your Internal Billing Reference
3 To
 Recipient's Name: Commission Clerk
 Phone: 850 413-6600
 Company: Florida Public Service Commission
 Address: 2540
 Dept./Floor/Suite/Room: 1100K BLDG

WED - 30 DEC AA
STANDARD OVERNIGHT
 32399
 FL-US
 TLH

FedEx TRK# 8736 0549 7981
 0200

XH TLHA



FTD 764972 29DEC15 LKSA 539C1/1308/3100

4a Express Package Service * To most locations.
 01 FedEx Priority Overnight Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 05 FedEx Standard Overnight * Next business afternoon. * Saturday Delivery NOT available.
 06 FedEx First Overnight Earliest next business morning delivery to select locations.
 03 FedEx 2Day Second business day. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 20 FedEx Express Saver Third business day. * Saturday Delivery NOT available.
4b Express Freight Service ** To most locations. Packages over 150 lbs.
 70 FedEx 1Day Freight Next business day. ** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 80 FedEx 2Day Freight Second business day. ** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 83 FedEx 3Day Freight Third business day. ** Saturday Delivery NOT available.
5 Packaging * Declared value limit \$500.
 06 FedEx Envelope* 02 FedEx Pak* Includes FedEx Small Pak and FedEx Large Pak.
 03 FedEx Box 04 FedEx Tube 01 Other

6 Special Handling and Delivery Signature Options
 03 SATURDAY DELIVERY
 No Signature Required Package may be left without obtaining a signature for delivery.
 10 Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
 34 Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
 One box must be checked.
 No 04 Yes As per attached Shipper's Declaration
 Yes Shipper's Declaration not required.
 06 Dry Ice Dry Ice, 9, UN 1845 x kg
 Cargo Aircraft Only
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.
 1 Sender Acct. No. in Section 1 will be billed.
 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check
 Total Packages: [Redacted] Total Weight: [Redacted] lbs.
 Credit Card Auth: [Redacted]

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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B
 12:30
 7981
 15:00
 6
 R.T. 858
 EZ

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

1/1/2015 TO 12/31/2015

(See Filing Instructions on Back of Form)

TY114-15-T-0-R
 Kuhl Group, Inc.
 6830 North Eldridge Parkway, Suite 502
 Houston, TX 77041-2624
 DATE DEPOSIT
 JAN 04 2016 5 99-

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 030770
 \$ 600.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 12-28-15
 Initials of Preparer RR

Records

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ - 0 -	\$ - 0 -
2.	Network Access Revenues	- 0 -	. 0 -
3.	Long Distance Network Services Revenues	- 0 -	- 0 -
4.	Miscellaneous Revenues	. 0 -	. 0 -
5.	TOTAL REVENUES	\$ - 0 -	\$ - 0 -
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾		
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ 0.00
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾		\$ <u>600.00</u>
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Extension Payment Fee (see "4. Extension " on back)		
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		\$ <u>- 600.00</u>

(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 \$600 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.

Kim Feild (Signature of Company Official) *President* (Title) *12-29-15* (Date)
Kim Feild (Preparer of Form - Please Print Name) Telephone Number *713 688-0050* Fax Number *713 688-3771*
 F.E.I. No. *76-0370360*