

# Semnac Technologies, LLC

6919 W. Broward Blvd., Suite 237, Plantation, FL 33317

Mobile: (954) 667-9880

[www.semanc.com](http://www.semanc.com) , Email: [jhamil@semnac.com](mailto:jhamil@semnac.com)

April 1, 2016

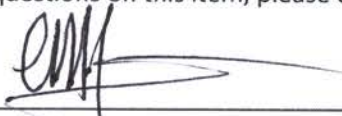
Via USPS Priority Mail

Florida Public Service Commission (FPSC)  
Attention: Fiscal Section / Fiscal Services  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Subject: Cancellation of Florida Competitive Local Exchange Carrier (CLEC) of Semnac Technologies, LLC

This letter is for the voluntary cancellation of the Florida CLEC license held by Semnac Technologies, LLC. Enclosed are the company's final Florida Regulatory Annual Reports (FL-RAF) as required per FPSC rules.

This filing was prepared per the conversations that our consultant Alonzo Beyene had with FPSC staff. For questions on this item, please contact Mr. Beyene at [alonzo@iacadvice.com](mailto:alonzo@iacadvice.com) or Tel# 215-432-7341.

X   
\_\_\_\_\_  
Collin McLearn  
LLC Managing Member of Semnac Technologies, LLC

RECEIVED-FPSC  
2016 APR -6 AM 10:56  
COMMISSION  
CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 2/1/2016

Local Telephone Service Provider Regulatory Assessment Fee Return

Total \$1272.00

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

PERIOD COVERED:  
1/1/2016 TO 12/31/2016

TY063-16-T-0-R  
Semnac Technologies, LLC  
6919 West Broward Blvd., Suite 237  
Plantation, FL 33317-2902  
DATE DEPOSIT  
APR 08 2016 6 4 9 .

FOR PSC USE ONLY  
Check # 1735  
\$ 600.00 06-03-001 003001  
\$ E  
\$ P 06-03-001 004011  
\$ I  
Postmark Date 3-30-16  
Initials of Preparer RL

Records

Please Complete Below If Official Mailing Address Has Changed

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

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

(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.

(Signature of Company Official)

Collin McLean, LLC Managing Member

(Title)

4/1/2016

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (786) 326-3547

Fax Number ( )

F.E.I. No.

27-1065691

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 2/1/2016  
**Local Telephone Service Provider Regulatory Assessment Fee Return**

Total \$1272.00

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TY063-15-T-0-R  
 Semnac Technologies, LLC  
 6919 West Broward Blvd., Suite 237  
 Plantation, FL 33317-2902

PERIOD COVERED:

1/1/2015 TO 12/31/2015

APR 08 2016 6 49 .

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	1735
\$ 600.00	06-03-001 003001
\$	E
\$ 60.00	P 06-03-001 004011
\$ 12.00	I
Postmark Date	3-30-16
Initials of Preparer	RR

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ 0
2.	Network Access Revenues	_____	0
3.	Long Distance Network Services Revenues	_____	0
4.	Miscellaneous Revenues	_____	0
5.	<b>TOTAL REVENUES</b>	\$ _____	\$ 0
6.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup>		0
7.	<b>NET INTRASTATE OPERATING REVENUE</b> for Regulatory Assessment Fee Calculation (Line 5 less Line 6)		\$ 0
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) <sup>(2)</sup>		600
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		60
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		12
11.	Extension Payment Fee (see "4. Extension" on back)		0
12.	<b>TOTAL AMOUNT DUE</b> (Add lines 8 through 11)		\$ 672

(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.

\_\_\_\_\_  
 (Signature of Company Official) Collin McLean, LLC Managing Member 4/1/2016  
 \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

Alonzo Beyene Telephone Number (786) 326-3547 Fax Number ( )  
 (Preparer of Form - Please Print Name)

F.E.I. No. 27-1065691