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June 13, 2016

CONFIDENTIAL DOCUMENTS ENCLOSED

VIA HAND DELIVERY

REDACTED

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

RE: Docket No. 160119 - TP -

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

Dear Ms. Stauffer:

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 them 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.

Ashley M. Daniels

Enclosures

cc: Debbie Huttenhower; Bob Casey (w/ encls.)

AFD ______
APA ____
ECO ____
ENG ____
GCL ____
IDM ____
TE) | Redacted

COM

Rate Floor Data

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

Certification of Of	ficer to Authorize	an Agen	t to File Rate Floor Data	on Behalf of R	eporting Carrier
I certify that National Exchithe information reported on include ensuring the accura actual rate floor data provide I certify that I am authorized the information reported her reported herein is accurate.	behalf of the reporting cy of the actual rate fed to the authorized a	g carrier. loor data igent is a	I also certify that I am an off provided to the authorized accurate.	icer of the report gent; and, to the	
TOTAL NAME OF THE PARTY OF THE	exchange Carrier Ass				
ignature of authorized officer	HHO JAK	lull	May		Date GITILIS
rinted name of authorized officer Jam	es Schumacher				
itle or position of authorized officer	Finance & Adm	inistrati	on		
elephone number of authorized officer.	(407) 828-6656	xt			
	210330		Filing Due Date for this form		

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 Cit	y Telecommunicat	tions LLC		1 1
Signature of authorized officer	III Solding	ineches		Date (0/7/14)
Printed name of authorized officer Jam	nes Schumacher			
Title or position of authorized officer VF	Finance & Admin	istration		
Telephone number of authorized officer:	(407), 828-6656 _{, ext.}		100	
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	07/01/2016	Byfik - ko

Rate Floor Data Collection - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW	1	FORMAT OF	
#	DATA ELEMENT	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	07/01/15
	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)	
	3 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	Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/Zone Name	Column 7 Class Of Service
9 10						Celebration	R1
11						Celebration	R1
12						Celebration Celebration	Vacation
13							Lifeline
14						Lake Buena Vista	R1
						Lake Buena Vista	R1
15						Lake Buena Vista	Lifeline