



Deposit Number

000702

Deposit Date

JAN 31 2024

January 30, 2024

Adam Teitzman, Director
Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

REDACTED

RECEIVED-FPSC
2024 JAN 31 PM 1:49
COMMISSION CLERK

RE: **CONFIDENTIAL**- Regulatory Assessment Fee Returns for Six Months Ending December 31, 2023

Dear Mr. Teitzman:

Enclosed in a sealed envelope for confidential filing please find the Florida Regulatory Assessment fee returns for the six months ended December 31, 2023, for the following companies containing confidential information:

- CenturyLink of Florida, Inc. – TL727-23-T-2-R
Check No. 0012826680
- CenturyLink Communications, LLC d/b/a Embarq Communications – TX273-23-T-2-R
Check No. 0012826681
- Level 3 Communications, LLC – TX238-23-T-2-R
Check No. 004124125
- Level 3 Telecom of Florida, LP – TA013-23-T-0-R
Check No. 004124121
- Broadwing Communications, LLC – TX804-23-T-0-R
Check No. 004124124
- TelCove Operations, LLC – TX912-23-T-0-R
Check No. 004124123
- Global Crossing Local Services, Inc. – TX176-23-T-0-R
Check No. 004124122

COM _____
 AFD _____
 APA _____
 ECO _____
 ENG _____
 GCL _____
IDM 1 redacted set
 CLK _____

The Company is requesting confidential treatment of this report pursuant to §364.183, Florida Statutes. This Notice requires that the information be treated as confidential while on file at the Florida Public Service Commission. Thank you for your assistance in this matter.

Sincerely,

Christie P. Mason
Director of Government Affairs
Attachments

Christie P. Mason
Director of Government Affairs
132 N. Calhoun Street
Tallahassee, FL 32301
Tel: (850) 599-1073
Christie.Mason@lumen.com

REDACTED

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TL727-23-T-2-R
 CenturyLink of Florida, Inc.
 132 N. Calhoun St., Suite 3
 Tallahassee, FL 32301-1598

PERIOD COVERED:
 07/01/2023 TO 12/31/2023

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E

\$ _____ P

00-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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 | \$ | | \$ | |
| 2. | Network Access Revenues | | | | |
| 3. | Long Distance Network Services Revenues | | | | |
| 4. | Miscellaneous Revenues | | | | |
| 5. | TOTAL REVENUES | \$ | | \$ | |
| 6. | LESS: Amounts Paid to Other Telecommunications Companies(1) | | | (| |
| 7. | NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | | | \$ | |
| 8. | Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2) | | | | |
| 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) | \$ | | \$ | |

(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.

Mary Davis

 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of SVP and Controller)
 (Title)

1/23/2024

 (Date)

Penny S. Nugent

 (Preparer of Form - Please Print Name)

Telephone Number (318) 330-6409 Fax Number (318) 388-9991

F.E.I. No. 59-0248365

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2024

Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

Actual Return
X Estimated Return
Amended Return

(See filing Instructions on Back of Form)

TX273-23-T-2-R
Embarq Communications
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

PERIOD COVERED:

07/01/2023 TO 12/31/2023

FOR PSC USE ONLY

Check#

\$ 06-03-001

003001

\$ E

\$ P

06-03-001

004011

\$ I

Postmark Date

Initials of Preparer

(Name of company)

(Address)

(City / State)

(Zip)

LINE NO.

TOTAL FLORIDA GROSS OPERATING REVENUE

INTRASTATE REVENUE

Table with 3 columns: Line No., Description, and Revenue. Rows include Local Service Revenues, Network Access Revenues, Long Distance Network Services Revenues, Miscellaneous Revenues, TOTAL REVENUES, LESS: Amounts Paid to Other Telecommunications Companies(1), NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Lir), Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, and TOTAL AMOUNT DUE (Add lines 8 through 11).

(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 provid 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.

Mary Davis (Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller) (Title)

1/23/2024 (Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

(318) 330-6409

Fax Number

(318) 388-9991

04-6141739

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
Amended Return

TX238-23-T-2-R
Level 3 Communications, LLC
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

PERIOD COVERED:
07/01/2023 TO 12/31/2023

| FOR PSC USE ONLY | |
|----------------------|---------------------|
| Check# | _____ |
| \$ _____ | 06-03-001 003001 |
| \$ _____ E | |
| \$ _____ P | 06-03-001 004011 |
| \$ _____ I | |
| Postmark Date | _____ |
| Initials of Preparer | _____ |

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 | \$ [REDACTED] | \$ [REDACTED] |
| 2. | Network Access Revenues | [REDACTED] | [REDACTED] |
| 3. | Long Distance Network Services Revenues | [REDACTED] | [REDACTED] |
| 4. | Miscellaneous Revenues | [REDACTED] | [REDACTED] |
| 5. | TOTAL REVENUES | \$ [REDACTED] | \$ [REDACTED] |
| 6. | LESS: Amounts Paid to Other Telecommunications Companies(1) | | ([REDACTED]) |
| 7. | NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | | \$ [REDACTED] |
| 8. | Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2) | | [REDACTED] |
| 9. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | [REDACTED] |
| 10. | Interest for Late Payment (see "3. Failure to file by Due Date" on back.) | | [REDACTED] |
| 11. | Extension Payment Fee (see "4. Extension" on back) | | [REDACTED] |
| 12. | TOTAL AMOUNT DUE (Add lines 8 through 11) | | \$ [REDACTED] |

- (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.

Mary Davis

(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)
Senior Manager - Regulatory Finance

1/23/2024

(Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 47-0807040

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
 Amended Return

TA013-23-T-0-R
Level 3 Telecom of Florida, LP
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

PERIOD COVERED:
01/01/2023 TO 12/31/2023

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____
Initials of Preparer _____

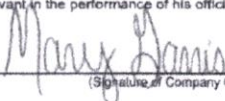
Please Complete Below If Official Mailing Address Has Changed

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

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

- (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.

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(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)
(Title)

1/23/2024
(Date)

Penny S. Nugent
(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 06-1363374

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
Amended Return

TX804-23-T-D-R
Broadwing Communications, LLC
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

PERIOD COVERED:
01/01/2023 TO 12/31/2023

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ P
06-03-001
004011

\$ _____ I

Printmark Date _____
Initials of Preparer _____

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 | \$ [REDACTED] | \$ [REDACTED] |
| 2. | Network Access Revenues | [REDACTED] | [REDACTED] |
| 3. | Long Distance Network Services Revenues | [REDACTED] | [REDACTED] |
| 4. | Miscellaneous Revenues | [REDACTED] | [REDACTED] |
| 5. | TOTAL REVENUES | \$ [REDACTED] | \$ [REDACTED] |
| 6. | LESS: Amounts Paid to Other Telecommunications Companies(1) | | ([REDACTED] |
| 7. | NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | | \$ [REDACTED] |
| 8. | Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2) | | [REDACTED] |
| 9. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | [REDACTED] |
| 10. | Interest for Late Payment (see "3. Failure to file by Due Date" on back.) | | [REDACTED] |
| 11. | Extension Payment Fee (see "4. Extension" on back) | | [REDACTED] |
| 12. | TOTAL AMOUNT DUE (Add lines 8 through 11) | | \$ [REDACTED] |

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
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Mary Davis (Signature of Company Official) Manager-Regulatory Finance (per delegated authority of SVP and Controller) 1/23/2024 (Date)

Penny S. Nugent (Preparer of Form - Please Print Name) Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 75-3105020

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

Actual Return
 Estimated Return
Amended Return

TX912-23-T-0-R
TelCove Operations, LLC
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1508

PERIOD COVERED:
01/01/2023 TO 12/31/2023

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ E
\$ _____ F
06-03-001
004011

\$ _____ I

Postmark Date _____
Initials of Preparer _____

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 | \$ | | \$ | |
| 2. | Network Access Revenues | | | | |
| 3. | Long Distance Network Services Revenues | | | | |
| 4. | Miscellaneous Revenues | | | | |
| 5. | TOTAL REVENUES | \$ | | \$ | |
| 6. | LESS: Amounts Paid to Other Telecommunications Companies(1) | | | (| |
| 7. | NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | | | \$ | |
| 8. | Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2) | | | | |
| 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) | \$ | | \$ | |

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(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.

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(Signature of Company Official) _____
Manager-Regulatory Finance (per delegated authority of SVP and Controller) _____
(Title) _____ 1/23/2024
(Date)

(Preparer of Form - Please Print Name) Penny S. Nugent Telephone Number 318-330-6409 Fax Number (318) 388-9991
F.E.I. No. 25-1841903

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024
Local Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return
Amended Return

TX176-23-T-0-R
Global Crossing Local Services, Inc.
132 N. Calhoun St., Ste 3
Tallahassee, FL 32301-1598

PERIOD COVERED:
01/01/2023 TO 12/31/2023

| FOR PSC USE ONLY | |
|----------------------|---------------------|
| Check# | _____ |
| \$ _____ | 06-03-001 003001 |
| \$ _____ E | |
| \$ _____ P | |
| \$ _____ I | 06-03-001 004011 |
| Postmark Date | _____ |
| Initials of Preparer | _____ |

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 | \$ [REDACTED] | \$ [REDACTED] |
| 2. | Network Access Revenues | [REDACTED] | [REDACTED] |
| 3. | Long Distance Network Services Revenues | [REDACTED] | [REDACTED] |
| 4. | Miscellaneous Revenues | [REDACTED] | [REDACTED] |
| 5. | TOTAL REVENUES | \$ [REDACTED] | \$ [REDACTED] |
| 6. | LESS: Amounts Paid to Other Telecommunications Companies(1) | | ([REDACTED]) |
| 7. | NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | | \$ [REDACTED] |
| 8. | Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) (2) | | [REDACTED] |
| 9. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | [REDACTED] |
| 10. | Interest for Late Payment (see "3. Failure to file by Due Date" on back.) | | [REDACTED] |
| 11. | Extension Payment Fee (see "4. Extension" on back) | | [REDACTED] |
| 12. | TOTAL AMOUNT DUE (Add lines 8 through 11) | | \$ [REDACTED] |

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- (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.

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Mary Davis

(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of SVP and Controller)

(Title)

1/23/2024

(Date)

Penny S. Nugent

(Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number (318) 388-9991

F.E.I. No. 38-3273802