

February 26, 2024

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

REDACTED

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 Final Florida Regulatory Assessment fee returns for the six months ended December 31, 2023, for the following companies containing confidential information:

CenturyLink Communications, LLC d/b/a Embarq Communications – TX273-23-T-2-R
Check No. 0012840787

Level 3 Communications, LLC – TX238-23-T-2-R

Level 3 Telecom of Florida, LP – TA013-23-T-0-R

Check No. 004125731

Broadwing Communications, LLC – TX804-23-T-0-R

Telcove Operations, LLC – TX912-23-T-0-R

Global Crossing Local Services, Inc. – TX176-23-T-0-R

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,



Mary Garris
Manager – Regulatory Finance
Attachments

RECEIVED-FPSC
2024 FEB 27 AM 11:17
COMMISSION CLERK

100 CenturyLink Drive
Monroe, LA 71203
Tel: 318-388-9000
Lumen.com

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
- 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

\$ _____ E 003001

\$ _____ P _____

06-03-001

\$ _____ I 004011

Postmark Date _____

Initials of Preparer _____

(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 (Lir	\$ _____	
8.	Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If les	_____	
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 provic Section 364.336, Florida Statues.

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 Statues, 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)

2/26/2024
 (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

FOR PSC USE ONLY

STATUS:

(See Filing Instructions on Back of Form)

- X 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

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)

Table with columns: LINE NO., 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 (Line 5 less Line 6), REGULATORY ASSESSMENT FEE DUE (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2), PENALTY FOR LATE PAYMENT (see "3. Failure to File by Due Date" on back), INTEREST FOR LATE PAYMENT (see "3. Failure to file by Due Date" on back.), EXTENSION PAYMENT FEE (see "4. Extension" on back), TOTAL AMOUNT DUE (Add lines 8 through 11). Includes sub-headers: TOTAL FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE.

- (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 Dennis
(Signature of Company Official)

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

2/26/2024
(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

(See Filing Instructions on Back of Form)

STATUS

- X 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)

Table with columns: LINE NO., TOTAL FLORIDA GROSS OPERATING REVENUE, INTRASTATE 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, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE.

- (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)
2/26/2024 (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

(See Filing Instructions on Back of Form)

STATUS:

- X Actual Return
Estimated Return
Amended Return

TX804-23-T-0-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
Postmark Date
Initials of Preparer

Please Complete Below If Official Mailing Address Has Changed

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

Table with columns: LINE NO., LOCAL SERVICE REVENUES, NETWORK ACCESS REVENUES, LONG DISTANCE NETWORK SERVICES REVENUES, MISCELLANEOUS REVENUES, TOTAL REVENUES, LESS: AMOUNTS PAID TO OTHER TELECOMMUNICATIONS COMPANIES, NET INTRASTATE OPERATING REVNEUE, REGULATORY ASSESSMENT FEE DUE, PENALTY FOR LATE PAYMENT, INTEREST FOR LATE PAYMENT, EXTENSION PAYMENT FEE, TOTAL AMOUNT DUE. Includes sub-headers: TOTAL FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE.

- (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 354.336, 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)
2/26/2024 (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 32301-1598

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	
		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.

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 _____ Manager-Regulatory Finance (per delegated authority of SVP and Controller) _____ 2/26/2024
 (Signature of Company Official) (Title) (Date)

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

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:

- X 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 05-03-001 004011
\$ I
Postmark Date
Initials of Preparer

Please Complete Below if Official Mailing Address Has Changed

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

Table with columns: LINE NO., TOTAL FLORIDA GROSS OPERATING REVENUE, INTRASTATE 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 (Line 5 less Line 6), Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2), Penalty for Late Payment (see "3. Failure to File by Due Date" on back), Interest for Late Payment (see "3. Failure to file by Due Date" on back.), Extension Payment Fee (see "4. Extension" on back), TOTAL AMOUNT DUE (Add lines 8 through 11).

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Mary Davis
(Signature of Company Official)

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

2/26/2024
(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