

LUMEN*

February 24, 2025

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

REDACTED

RE: **CONFIDENTIAL-** FINAL Regulatory Assessment Fee Returns for Six Months Ending
December 31, 2024

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, 2024, for the following companies containing confidential information:

Embarq Communications – TX273-24-T-2-R
Level 3 Communications, LLC – TX238-24-T-2-R
Level 3 Telecom of Florida, LP – TA013-24-T-0-R
Broadwing Communications, LLC – TX804-24-T-0-R
Telcove Operations, LLC – TX912-24-T-0-R
Global Crossing Local Services, Inc. – TX176-24-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. Please contact me at mary.garris@lumen.com or 318-388-9453 should any questions arise.

Sincerely,



Mary Garris
Manager – Regulatory Finance
Attachments

RECEIVED-FPSC
2025 FEB 25 PM 3:44
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 01/30/2025
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)

TX273-24-T-2-R
Embarq Communications
11832 Kestrel Drive
New Port Richey, FL 34654

PERIOD COVERED:

07/01/2024 TO 12/31/2024

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.

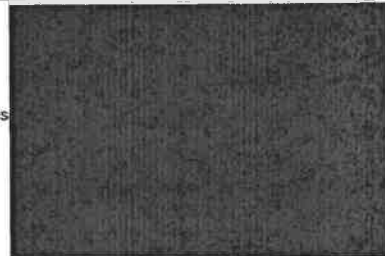
TOTAL FLORIDA GROSS OPERATING REVENUE *

INTRASTATE REVENUE

- 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 minus line 6)
- 8. Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less than \$600, enter 0.)
- 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 Annis
(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

2-24-25
(Date)

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

(318) 330-6409 Fax Number

04-6141739

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2025
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

TX238-24-T-2-R
 Level 3 Communications, LLC
 11832 Kestrel Drive
 New Port Richey, FL 34654

PERIOD COVERED:

07/01/2024 TO 12/31/2024

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 \$ _____
- 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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Mary Harris

 (Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
 Senior Manager - Regulatory Finance

2-24-25

 (Date)

Penny S. Nugent

 (Preparer of Form - Please Print Name)

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 47-0807040

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2025
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

TA013-24-T-0-R
 Level 3 Telecom of Florida, LP
 11832 Kestrel Drive
 New Port Richey, FL 34654

PERIOD COVERED:
 01/01/2024 TO 12/31/2024

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)		\$ _____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
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Mary Annio
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
 (Title)

2-24-25
 (Date)

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

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 06-1363374

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2025
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)

TX804-24-T-0-R
Broadwing Communications, LLC
11832 Kestrel Drive
New Port Richey, FL 34654

PERIOD COVERED:
01/01/2024 TO 12/31/2024

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	\$	
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 \$800, 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).
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Mary Dennis
(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

2-24-25
(Date)

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

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 75-3105020

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2025
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)

TX912-24-T-0-R
TelCove Operations, LLC
11832 Kestrel Drive
New Port Richey, FL 34654

PERIOD COVERED:
01/01/2024 TO 12/31/2024

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
- 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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Mary Davis
(Signature of Company Official)

Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
(Title)

2-24-25
(Date)

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

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 25-1841903

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2025
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

TX176-24-T-0-R
 Global Crossing Local Services, Inc.
 11832 Kestrel Drive
 New Port Richey, FL 34654

PERIOD COVERED:
 01/01/2024 TO 12/31/2024

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.)		
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12.	TOTAL AMOUNT DUE (Add lines 8 through 11)		

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Mary Lomis
 (Signature of Company Official)

 Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller)
 (Title)

2-24-25
 (Date)

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

Telephone Number 318-330-6409 Fax Number _____

F.E.I. No. 38-3273802