

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 <u>mary.garris@lumen.com</u> or 318-388-9453 should any questions arise.

Sincerely,

Mary E

Mary Garris Manager – Regulatory Finance Attachments

RECEIVED-FPSC

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 | | | | |
|---|---|---|-------------------------------|--|--|
| | | FOR PSC USE ON | ILY | | |
| STATUS: | (See filing Instructions on Back of Form) | Check# | | | |
| X Actual Return | TX273-24-T-2-R | \$ | 06-03-001 | | |
| Estimated Return | Embarg Communications | | 003001 | | |
| Amended Return | 11832 Kestrel Drive New Port Richey, FL 34654 | \$E | | | |
| PERIOD COVERED: | | | 06-03-001 | | |
| 07/01/2024 TO 12/31/2024 | | \$ 1 | 004011 | | |
| | 1 | | | | |
| | | Postmark Date Initials of Preparer | | | |
| | | | | | |
| | | | | | |
| (Name of company) | (Address) | (City / State) | (Zip) | | |
| | | | | | |
| | TOTAL | | | | |
| LINE | FLORIDA GROSS | | | | |
| <u>NO.</u> | OPERATING REVENU | | E REVENUE | | |
| 1. Local Service Revenues | | | | | |
| 2. Network Access Revenues | | | | | |
| 3. Long Distance Network Services R | levenues | | | | |
| 4. Miscellaneous Revenues | | | | | |
| 5. TOTAL REVENUES | 3 | | | | |
| 6. LESS: Amounts Paid to Other Tele | communications Companies(1) | | | | |
| 7. NET INTRASTATE OPERATING | REVNEUE for Regulatory Assessment Fee Calcula | ation (Line f | | | |
| | | | | | |
| | 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.) | | | | |
| 11. Extension Payment Fee (see "4. E | | | | | |
| 12. TOTAL AMOUNT DUE (Add lines | s 8 through 11) | | | | |
| | trastate only and must be verifiable (see "2. Fees" erating revenue of a company, a minimum annual tatues. | | all be imposed as provided in | | |
| the undersigned owner/officer of the ab | ove-named company, have read the foregoing and decl | are that to the best of my knowledge and | pelief the above information | | |
| | suant to Section 837.06, Florida Statues, whoever know | | | | |
| | y shall be guilty of a misdemeanor of the second degre | | nur ule ment to maleau | | |
| | | | | | |
| | Manager-Regulatory Finance (per delegated authority c (Title) | of Chief Accounting Officer and Controller) | 2-24-25 (Date) | | |
| Penny S. Nugent (Preparer of Form - Please Print Name) | (318) 330-64 04-6141739 | 09 Fax Number | | | |
| PSC/RAD 159 (12/11) * Total Company now represents TOTAL Embarg Communications Operations, both IXC and CLEC Rule 25-4.0161, F.A.C Previously reported only CLEC Operations | | | | | |

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 | FOR PSC USE ONLY |
|--|---|---|
| STATUS: | (See Filing Instructions on Back of Form) | Check# |
| Actual Return Estimated Return Amended Return PERIOD COVERED: 07/01/2024 TO 12/31/2024 | TX238-24-T-2-R Level 3 Communications, LLC 11832 Kestrel Drive New Port Richey, FL 34654 | S 06-03-001 S E S P 06-03-001 004-011 S I |
| | Please Complete Below If Official Mailing Address Has Changed | Postmark Date Initials of Preparer |
| (Name of company) | (Address) | (City / State) (Žip) |
| LINE. NO. | TOTAL FLORIDA GRC OPERATING REV | |
| 1. Local Service Revenues | ۶ <u></u> | |
| 2. Network Access Revenues | | |
| 3. Long Distance Network Servi | ces Revenues | |
| 4. Miscellaneous Revenues | | |
| 5. TOTAL REVENUES | s | |
| 6. LESS: Amounts Paid to Othe | er Telecommunications Companies(1) | |
| 7. NET INTRASTATE OPERA | FING REVNEUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6) | |
| Penalty for Late Payment (se | Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600. e "3. Failure to File by Due Date" on back) e "3. Failure to file by Due Date" on back.) "4. Extension" on back) | у(2) |
| 12. TOTAL AMOUNT DUE (Add | l lines 8 through 11) | |
| | be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back). s operating revenue of a company, a minimum annual regulatory assessment feee of \$ da Statues. | \$600 shall be imposed as provided in |
| is a true and correct statement. I an | of the above-named company, have read the foregoing and declare that to to m aware that pursuant to Section 837.06, Florida Statues, whoever knowingly m cial duty shall be guility of a misclemeanor of the second degree. Manager-Regulatory Finance (per delegated authority of Chin Senior Manager- Regulatory finance) | akes a false statement in writing with the intent to mislead of Accounting Officer and Controller) |
| Penny S. Nu (Preparer of Form - Pleas | | 6409 Fax Number |

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 Commissio | n | FOR PSC USE ONLY | r |
|--------------------------|--|---|--|--|--|
| STATUS: | | (See Filing Instructions on Back of Form) | | Check# | |
| X PERIOD 0 01/01/2 | _Actual Return _Estimated Return _Amended Return COVERED: 2024 TO 12/31/2024 | TA013-24-T-0-R Level 3 Telecom of Florida, LP 11832 Kestrel Drive New Part Richey, FL 34654 | | \$E \$P \$P | 06-03-001 003001 06-03-001 004011 |
| | | Please Complete Below If Official Mailing Address I | Has Changed | Postmark Date Initials of Preparer | |
| | (Name of company) | (Address) | | (City / State) | (Zip) |
| LINE NO. | | | TOTAL FLORIDA GRO OPERATING REV | | REVENUE |
| 1. | Local Service Revenues | | \$ | | |
| 2. | Network Access Revenues | | | | |
| 3. | Long Distance Network Ser | vices Revenues | | | |
| 4. | Miscellaneous Revenues | | | | Leven States |
| 5, | TOTAL REVENUES | | \$\$ | | |
| 6. | LESS: Amounts Paid to Oti | her Telecommunications Companies(1) | | | 的武功坚强机械 |
| 7. | NET INTRASTATE OPERA | ATING REVNEUE for Regulatory Assessment Fee Cal | culation (Line 5 less Line 6 | 3) 5 | |
| 8. 9. 10. 11. | Penalty for Late Payment (s | | enter amount. If less, ente | r \$600.)(2) \$ | |
| | (2) Regardless of the gro Section 364.336, Flor | | al regulatory assessment fe | | |
| is a true | and correct statement. I am | of the above-named company, have read the forego a aware that pursuant to Section 837.06. Florida State official duty shall be guilty of a misdemeanor of the second of | ues, whoever knowingly ma | | |
| | Manue Han (signature) of Compar | | nance (per delegated authority of ((Title) | Chief Accounting Officer and Controller) | 0-24-25 (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 | | FOR PSC USE | DNLY |
|-------------------------------|---|---|--|---------------------------------------|--|
| STATUS: | | See Filing Instructions on Back of Form) | | Check# | |
| X PERIOD 01/01/2 | Actual Retum Estimated Retum Amended Return COVERED: 2024 TO 12/31/2024 | TX804-24-T-0-R Broadwing Communications, LLC 11832 Kestrel Drive New Port Richey, FL 34654 | | 5 5 5 | 06-03-001 E P 06-03-001 004011 |
| | | Please Complete Below If Official Mailing Address H | 16 Changed | Poslmark Date Initials of Preparer | |
| | (Name of company) | (Address) | | (City / State) | (Zıp) |
| LINE NO. | | | TOTAL FLORIDA GROSS OPERATING REVENU | EINTRAST | ATE REVENUE |
| 1. | Local Service Revenues | | \$ | | |
| 2. | Network Access Revenues | | | | |
| 3. | Long Distance Network Ser | vices Revenues | | | |
| 4. | Miscellaneous Revenues | | | | |
| 5. | TOTAL REVENUES | | \$ | | 以及したな言語の言語 |
| 6. | LESS: Amounts Paid to Otl | her Telecommunications Companies(1) | | and states | |
| 7. | NET INTRASTATE OPER/ | ATING REVNEUE for Regulatory Assessment Fee Calo | ulation (Line 5 less Line 6) | | |
| 8. 9. 10. 11. 12. | Penalty for Late Payment (s | | nter amount. If less, enter \$600 | 1. <u>X</u> 2) | |
| is a true | (2) Regardless of the gro Section 364.336, Flor the undersigned owner/officer and correct statement. I a | be <u>intrastate only</u> and must be verifiable (see "2. Fees" iss operating revenue of a company, a minimum annual rida Statues. of the above-named company, have read the forego m aware that pursuant to Section 837.06, Florida Sta official duty shall be guilty of a misdemeanor of the second de | regulatory assessment feee of a | best of my knowledge and | belief the above information |
| | Man A A A A A A A A A A A A A A A A A A A | Managor-Regulatory Fin | groe. ance (per delogated authority of Chief Acc (Title) | counting Officer and Controller) |).)4)5 (Date) |

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

F.E.I. No. 75-3105020

REDACTED

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 | n | FOR PSC USE O | VLY |
|--------------------------|--|--|--|---------------------------------------|-------------------------------------|
| STATUS: | | (See Filing Instructions on Back of Form) | | Check# | |
| X PERIOD C 01/01/2 | _Actual Retum Estimated Retum _Amended Return COVERED: 0024 TO 12/31/2024 | TX912-24-T-0-R TelCove Operations, LLC 11832 Kestrel Drive New Port Richey, FL 34654 | | s s s | 06-03-001 003001 _F _P |
| | | Please Complete Bolow If Official Nailing Address H | as Changed | Postmark Date Initials of Preparer | |
| | (Name of company) | (Address) | | (City / State) | (Zip) |
| LINE NO. | Local Service Revenues | | TOTAL FLORIDA GROSS OPERATING REVENUE | INTRAST. | ATE REVENUE |
| 2. | Network Access Revenues | | | | |
| 3. | Long Distance Network Serv | rices Revenues | | | |
| 4. | Miscellaneous Revenues | | | | |
| 5. | TOTAL REVENUES | | \$ | | |
| 6. | LESS: Amounts Paid to Othe | er Telecommunications Companies(1) | | HOROTENIA | |
| 7. | NET INTRASTATE OPERA | TING REVNEUE for Regulatory Assessment Fee Calco | ulation (Line 5 less Line 6) | s | |
| 8. 9. 10. 11. | Penalty for Late Payment (so Interest for Late Payment (so Extension Payment Fee (see | | ter amount. If less, enter \$600.)(2) | | |
| 12. | TOTAL AMOUNT DUE (Ad | d lines 8 through 11) | | \$ | 경제에 회사되는 것 같아. |
| is a true | (2) Regardless of the gros Section 364.336, Flori he undersigned owner/officer and correct statement. I a | be <u>intrastate only</u> and must be verifiable (see "2. Fees" of ss operating revenue of a company, a minimum annual r da Statues. | regulatory assessment feee of \$600 going and declare that to the t Statues, whoever knowingly makes | pest of my knowledge and | belief the above information |
| | Maria Dan Goteriure al Company | Manager-Regulatory Fin | ence (per delegaled authority of Chief Account (Tide) | ling Officer and Controller) | 2-24-25 (Dale) |

Penny S, Nugent (Preparer of Form - Pleaso Print Name)

Telephone Number

F.E.I. No. <u>25-1841903</u>

318-330-6409 Fax Number

REDACTED

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 Commiss | ion | FOR PSC USE | ONLY |
|--|---|-------------------------------|--------------------------------------|--|
| STATUS: | See Filing Instructions on Back of For | (m) | Check# | |
| X Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2024 TO 12/31/2024 | TX176-24-T-0-R Global Crossing Local Services, Inc. 11832 Kestrel Drive New Port Richey, FL 34654 | | <u>s</u> s | 06-03-001 003001 E P 06-03-001 004011 |
| | Please Complete Below If Official Mailing Address | s Has Changed | Postmark Dale Invials of Preparer | |
| (Name of company) | (Address) | | (City / State) | (Zip) |
| 7. NET INTRASTATE OPE | iervices Revenues | | 'ENUE INTRAST | ATE REVENUE |
| 9. Penalty for Late Payment 10. Interest for Late Payment | : (see "3. Failure to File by Due Date" on back) t (see "3. Failure to file by Due Date" on back.) | | | |
| | see "4. Extension" on back) Add lines 8 through 11) | | | |
| | ist be intrastate only and must be verifiable (see "2. Fees pross operating revenue of a company, a minimum annua lorida Statues. | | \$600 shall be imposed as provide | d in |
| is a true and correct statement. If a public servant in the performance of his | er of the above-named company, have read the for I am aware that pursuant to Section 837.06, Florida official duty shall be guilty of a misdemeanor of the second deg | Statues, whoever knowingly ma | | |

| I VIMIN LYAMIN | Manager-Regulatory Finance (per delegated authority of Chief Accounting Officer and Controller) | d-04-05 |
|--|---|---------|
| (Schrature of Company Official) | (fite) | (Date) |
| Penn y S, Nugent (Preparer of Form - Please Print Name) | Telephone Number 318-330-6409 Fax Number | |
| | F.E.I. No. 38-3273802 | |

PSC/TEL 159 (12/11) Rule 25-4.0161, F.A.C

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