

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: November 30, 1999

Docket No. 991784-TT

1. Division Name/Staff Name: Communications/T.Williams
2. OPR: T.Williams
3. OCR: _____

4. Suggested Docket Title: Request to cancel Interexchange Telecommunication Service Certificate No.4833 by TELEKEY, L.L.C. effective November 29, 1999.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
 Documentation will be provided with the recommendation.



RECEIVED

NOV 29 1999

CMU

November 24, 1999

Overnight

210 N. Park Ave.
Winter Park, FL
32789

P.O. Drawer 200
Winter Park, FL
32790-0200

Tel: 407-740-8575
Fax: 407-740-0613
tmi@tminc.com

Mr. Walter D'Haeseleer
Director of Communications
Florida Public Service Commission
Division of Communications
2540 Shumard Oaks Boulevard
Tallahassee, Florida 32399-0870

RE: TeleKey, L.L.C. - Cancellation of Certificate to Provide Interexchange Telecommunications Service and Withdrawal of Tariff Certificate No. 4833

Dear Mr. D'Haeseleer:

The original and three (3) copies of this letter is to advise the Commission that TeleKey, L.L.C. is hereby requesting cancellation of its Certificate to provide interexchange telecommunications service within the State of Florida and withdrawal of its Tariff. In support of this request the Company states the following:

1. The Company offered prepaid debit cards only and intends to honor all existing prepaid cards until such cards expiration dates.
2. The Company did not collect deposits from its customers.
3. When the order approving cancellation of the Certificate is issued, the Company will pay its Regulatory Assessment Fee due the First Quarter 2000.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose. Any questions regarding this filing may be directed to my attention at (407) 740-8575.

Sincerely,

Monique Byrnes
Consultant to
TeleKey, L.L.C.

MB/bet

cc: S.Levings - TeleKey
file: TeleKey - FL
tms: fld9901

RECEIVED
MAIL ROOM
99 NOV 29 AM 11:05
FLORIDA PUBLIC
SERVICE COMMISSION



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Certificate No. 4833**

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