



090535-TI

Sandra A. Khazraee
Regulatory/Government Affairs
Southern Region

FLTLHZ0501-500
315 S. Calhoun Street, Suite 500
Tallahassee, FL 32301-1872
Tel: 850.847.0173

December 9, 2009

Ms. Ann Cole
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED-FPSC
09 DEC -9 PM 12: 15
COMMISSION
CLERK

RE: Voluntary Cancellation of IXC Registration for Gulf Long Distance, Inc.
(Company Code T1182)

Dear Ms. Cole:

In accordance with Rule 25-24.474 (2), Florida Administrative Code, this letter is to request that the Florida IXC Registration for issued to Gulf Long Distance, Inc. (company No. T1182) be cancelled effective immediately. Gulf Long Distance, Inc. has no long distance customers and is holding no customer deposits. Therefore, no customers will be affected by this voluntary cancellation.

Enclosed with this letter is a copy of the 2009 Regulatory Assessment Fee (RAF) return for Gulf Long Distance, Inc and a check in the amount of \$1300.01 to cover the \$700.00 in 2009 RAF fees due for this registration plus the \$0.01 due for this registration's 2004 RAF and the \$600.00 in 2009 RAF fees due for the Gulf Long Distance AAV certificate which is also being voluntarily cancelled at this time.

Please address any questions or correspondence to me.

Sincerely,

Sandra A. Khazraee
Sandra A. Khazraee

cc: Susan S. Masterton

COM ___
APA ___
ECR ___
GCL ___
RAD ___
SSC ___
ADM ___
OPC ___
CLK None

DOCUMENT NUMBER-DATE
11837 DEC-9⁸
FPSC-COMMISSION CLERK

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2009 TO 12/31/2009

TI182-09-0-R
Gulf Long Distance, Inc.
Attn: Subsidiary Accounting
100 CenturyTel Drive
Monroe, LA 71203-2041

Please Complete Below If Official Mailing Address Has Changed

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.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		_____
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>700.00</u> ⁽²⁾

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____
What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO

If YES, who do you lease these facilities from? Name: _____

Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Lori Austin (Signature of Company Official) Manager, Subsidiary Acct. (Title) 12/1/09 (Date)

Miranda M. Russ (Preparer of Form - Please Print Name) Telephone Number (318) 388-9130 Fax Number (318) 388-9991

F.E.I. No. 63-1026817

DOCUMENT NUMBER DATE 11837 DEC-9 00 FPSC-COMMISSION CLERK