DOCKET NO. 20190096-TX FILED 4/22/2019

FILED 4/22/2019 DOCUMENT NO. 03824-2019 FPSC - COMMISSION CLERK

			-		ISH DOCKET blus 1 copy with CLK.)
Date: 4/22/2019			riease type or print	Docket No.:	nus i copy with outty
1. From Staff / Division:		Division Of Economic Services/Toni Mccoy			
2. OPR:		cCoy, ECC			7.00
3. OCR:	GCL				
4. Suggest	ted Doci	ket Title:	Compliance investi LLC, for apparent f Fees; Telecommun	first-time violation	exchange Certificate No. 8871, issued to Offramp, n of Rule 25-4.0161, FAC., Regulatory Assessment nies.
5. Program/Module/Submodule Assignment:			dule Assignment:		A18a, A10
6. Sugges	ted Doc	ket Mail L	ist.		
a. Provide NAMES/ACRONYMS, if registered co			ONYMS, if register	ed company.	☐ Provided as an Attachment
Company if applical TY108		Parties (include	address, if differen	t from MCD):	Representatives (name and address):
b. Pro Company if applica	Code,	Intereste	NAME AND ADDRE d persons, if any, address, if differen	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Representatives (name and address)
7. Check o	one:	⊠ Sup	porting Documenta	ition Attached	□ To be provided with Recommendation
Comment	s:				

	formation						·		
			This account is	Delinquest.					
Itility Mai	ling Name: Offramp	LLC	Comple	te Name: Offramp, 山〇	/	Utility Code: T	108 Docket Consumer		
	Street1: 5913 N.	W. 31st Avenue		Street2:	1970 THE RESERVE AND A STATE OF THE STATE OF	City: Fo	nt Lauderdale		
	Slate: FL			Zip: 33309-2207	ALCOHOL LOCAL	Phone: (9	54) 868-5167		
	Federal Id: 47-1527	983 Certificate #: 8	871 Bankruptcy S	lart Date:		Bankruptcy End Date:	BType:		
Utility St	artus Code: REGUL	NTED	Utility Sta	rtus Date: 5/22/2015	STANDARD OF THE STANDARD OF TH	WriteOff Type:	The state of the s		
RAF Acc	count Information					All Comments:			
Raf Periods: 1/1/2018 - 12/31/2018 V			Correspor	Correspondence Suspended			Interest and Penalty adjusted by nightly jobDBO4/1/2019 12:01:01 AM		
RAF	Period Covered: 1/1	/2018 - 12/31/2018	Check Res	Check Received On Payment Plan Utility Request Close			Interest and Penalty adjusted by nightly		
Service: CLX		Confident	Confidential Raf Form Withdrawn Audited			Interest and Penalty adjusted by nightly			
Cur	rent RAF Status: Int	erest & Penalty updated by	y nightly job 🔠 Send Colle	ection Collection Date:	Collection Withdra	117	-1/31/1019 12:01:00 AA		
	Raf Transactions:	HM1885	▼ RAF Form	Received	● Actual ○ Estin	nated User Comments			
Оре	rating Revenue: 0.0	10	Amended	Return Don't cal	culate Penalty Don't calculate I		A CONTRACTOR OF THE PROPERTY O		
ross Inte	rstate Revenue:	01. Saulderfälle.	RAF Acco	unt Satisfied					
	RAF Rate: 0.0	016		1/30/2018					
			RAF Due Date	E 1/30/2019	¢.₽				
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enaity	90.00	0.00				90.00	Payment Calculator		
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ktension	0.00	0.00				0.00	•		
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## Total: 3 RAF Form (or Letters) Mailed Out History

	Printed Date	Printed By	Form Type	Print
1	2/19/2019 11:53:52 AM	Karen Belcher	RAF Delinquent Letter Sent Out	Print
2	2/19/2019 11:34:41 AM	Karen Belcher	RAF Delinquent Letter Sent Out	Paat
3	12/7/2018 🕽:47:15 AM	Karen Belcher	RAF Form Print & Mailed Out	Print

COMMISSIONERS:
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OFFICE OF THE GENERAL COUNSEL KEITH C. HETRICK GENERAL COUNSEL (850) 413-6199

## **Public Service Commission**

February 20, 2019

TY108-18-T-0-D Offramp, LLC 5913 N.W. 31st Avenue Fort Lauderdale, FL 33309-2207

Dear Certificate Holder:

The Division of Administrative Services has forwarded your account to our office to address the nonpayment of the Regulatory Assessment Fees (RAFs) required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C), for the year 2018, which was due **January 30, 2019**. The RAF return form was mailed to you on **December 15, 2018**, and to date, Commission records reflect that payment has not been received.

Utilities are charged with knowledge of our rules and statutes. According to Florida Law, you are required to add interest charges at 12% per annum, and a 5% penalty for each 30-day period or fraction thereof, beyond the due date, up to a maximum of 25% in addition to the delinquent amount due. In addition, pursuant to Section 364.285, Florida Statutes, the Commission is authorized to impose upon any entity subject to its jurisdiction a penalty of not more than \$25,000 for each offense, if such entity is found to have refused to comply with or to have willfully violated any lawful rule or order of the Commission, or any provision of Chapter 364.

If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000, in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior dockets against a company for violation of the RAF rule. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate and removal from the register.

If you wish to request another form, please contact Toni McCoy at the number below. The payment should be identified with the company code and the company's name. Failure to provide payment within 15 days of this notice will result in the establishment of a docket to address your failure to return the RAFs form and pay RAFs in accordance with Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code. As specified above, pursuant to Section 364.285, Florida Statutes, the Commission may impose a fine for failure to comply. Therefore, it is important that you address this matter now. If you have paid your fees, please provide us with your check number and the date that it was paid.

Should you have any questions concerning this letter please contact Toni McCoy at (850) 413-6532 or via Internet e-mail at tmccoy@psc.state.fl.us.

Sincerely,

Keith C. Hetrick General Counsel

eil/fetuck

cc: Fiscal Services Section

## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2019 Local Telephone Service Provider Regulatory Assessment Fee Return

FOR PSC USE ONLY

		Florid	da Public Service Commission		C USE ONLY
STATUS	3:	(See Filin	g Instructions on Back of Form)	Check #	
Actual Return TY108-18 Estimated Return Offramp, 1		TY108-18-T-0-I		\$	06-03-001
		Offramp, LLC			003001
Am	ended Return	5913 N.W. 31st	Avenue	\$	E
		Fort Lauderdale,	, FL 33309-2207	\$	P 06-03-001
	O COVERED: 8 TO 12/31/2018	*		<sub>©</sub>	004011
1/1/2016	3 10 12/31/2018			J 3	.1
				Postmark Date	
				Initials of Prepar	
		Please Complete Belo	ow If Official Mailing Address Has Cha		
	QI		(Add)	(City/State)	(7: <sub>m</sub> )
	(Name of Company	y)	(Address)	(City/State)	(Zip)
			TO	TAL	
LINE NO.				A GROSS G REVENUE	INTRASTATE REVENUE
1.	Local Service Reve	nues	\$	\$	REVENUE
2.	Network Access Re		Ψ	Ψ	
3.		work Services Revenues	·		
4.	Miscellaneous Reve				
т.	Wilseen alleed a Reve	cirues			
5.	TOTAL REVENU	JES	\$	\$	
6.	LESS: Amounts Pa	id to Other Telecommunica	tions Companies <sup>(1)</sup>		
7.	NET INTRASTATE	OPERATING REVENUE fo	or Regulatory Assessment Fee Calculation (Lin	ne 5 less Line 6)	
8.	Regulatory Assessmen	t Fee Due (Multiply Line 7 by 0	0.0016. If more than \$600, enter amount. If less	s, enter \$600.) <sup>(2)</sup>	
9.	Penalty for Late Page	yment (see "3. Failure to F	ile by Due Date" on back)	<del></del>	
10.		yment (see "3. Failure to Fi			
11.	Extension Payment	Fee (see "4. Extension " or	n back)		
12.	TOTAL AMOUN	T DUE (Add lines 8 throug	th 11)	\$	
	(2) Regardless of t	must be intrastate only and the gross operating revenu- vided in Section 364.336, F	must be verifiable (see "2. Fees" on back) ue of a company, a minimum annual re	gulatory assessment fee o	f \$600 shall be
	imposed as pro-	vided iii Section 304.330, P	iorida Statutes.		
I, the	undersigned owner/of	ficer of the above-named c	ompany, have read the foregoing and dec	elare that to the best of my	knowledge and belief
the above	e information is a true	and correct statement. I a	am aware that pursuant to Section 837.06	6, Florida Statutes, whoever	r knowingly makes a
second d		the intent to mislead a publ	lic servant in the performance of his offic	cial duty shall be guilty of a	i misuemeanor of the
<del></del>	(Signature of Comp	oany Official)	(Title)		(Date)

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

## FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return (Telecommunications Company)

WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, <u>and</u> On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0016 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 6, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.** 

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 11):

0.75% of the fee to be remitted for an extension of 15 days or less, *or* 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues by checking the "Estimated Return" space in the top left-hand corner on the reverse side. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period.

- 5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. <u>Make your check payable to the Florida Public Service Commission.</u> If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Office of Industry Development & Market Analysis at (850) 413-7160. This office may be contacted at the above-referenced address, directing correspondence to the attention of the office.