

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

090255

RECEIVED-FPSC

Interexchange Company Regulatory Assessment Fee Return

STATUS:

09 MAY 13 AM 9:22

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check # 670

\$ 700.00 0603001
003001

\$ _____ P 0603001
004011

\$ _____ I

Postmark Date 5-6-09

Initials of Preparer RT

- Actual Return
- Estimated Return
- Amended Return

COMMISSION CLERK

TK156

REPORT DATE

935 MAY 13 2009

Telecom AG, LLC
115 Madeira Ave
Coral Gables, FL 33134

PERIOD COVERED:
01/01/09 - 12/31/09

Records

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ 0.00
2.	Access Services	_____	0.00
3.	Private Line Services	_____	0.00
4.	Leased Facilities & Circuits Services	_____	0.00
5.	Miscellaneous Services	_____	0.00
6.	TOTAL Telephone Services	\$ _____	\$ 0.00
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	\$ _____
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)	_____	0
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	0
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	0
12.	Extension Payment Fee (see "4. Extension" on back)	_____	0
13.	TOTAL AMOUNT DUE (\$50 MINIMUM)	_____	\$ 700.00 ⁽²⁾

COM
BCR
COI
CRC
BCP
SSC
SGA
ADM
CLK

(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 \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

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

BILLING INFORMATION

Complete below if billing agent if 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.

Pablo Bressan
(Signature of Company Official)
PABLO BRESSAN
(Preparer of Form - Please Print Name)

President
(Title) 4/15/09
(Date)

Telephone Number 305 443 5816 Fax Number 305 443 7889

F.E.I. No. 208823136

DOCUMENT NUMBER DATE 04618 MAY 13 60
FPSC-COMMISSION CLERK

Raquel Tully

From: Paula Isler
Sent: Tuesday, May 12, 2009 9:27 AM
To: Raquel Tully
Subject: RE:

Telecom AG, LLC (TK156) requested voluntary cancellation and was required to pay the 2009 RAF. Please provide the Clerk's Office with proof of payment so that it can be documented in Docket No. 090255-TI. Thanks.

From: Raquel Tully
Sent: Tuesday, May 12, 2009 9:22 AM
To: Paula Isler
Subject:

TK156, also has paid \$700.00 for 2009

