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FILED 8/23/2021
DOCUMENT NO. 09611-2021
FPSC - COMMISSION CLERK

Mr. Cayce Hinton, Director, Regulatory Analysis
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Batchlink Inc. Request for Cancellation of Authority

Dear Mr. Hinton: Please accept this letter submitted on behalf of Batchlink Inc. as notice that the Company is requesting to cancel its authority to provide local telecommunications services in Florida.

Batchlink Inc. was granted authority to provide local telecommunications services in Docket No. 20180098-TX, Order No. PSC-2018-0533-CO-TX on November 14, 2018 (Company Code TY156). The Company currently has no customers in Florida and had no customers in the state throughout calendar year 2020. Accordingly, no customer notice is required. We have attached the minimum 2021 regulatory assessment fee. Batchlink Inc respectfully requests that the Commission cancel its authority to provide services and any tariffs on file effective immediately.

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 you may have regarding this filing should be directed to my attention at 786-220-5654 or via email to batchlink@gmail.com. Thank you for your assistance in this matter.

Sincerely

Peter Batchelor,

President

Batchlink Inc.

786-220-5654

COMMISSION

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TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/31/2022 Local Telephone Service Provider Regulatory Assessment Fee Return

		Florida	Public Service Commission		FOR PSC USE ONLY		
CT ATTICS (C. FU)			Instructions on Page of Form)		Check #		
STATUS: X Actual Return Estimated Return Amended Return PERIOD COVERED: 1/1/2021 TO 12/31/2021 (See Filing TY156-21-T-0-R Batchlink, Inc. 701 S.W. 128th A Pembroke Pines,		Instructions on Back of Form)		6	0.00		
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1/1/202	1 10 12/31/2021						
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		Please Complete Belov	v If Official Mailing A	ddress Has Changed			
			W1 W1 C2		(6) (6, 1)	9	(Zip)
	(Name of Company)		(Address)		(City/State)	City/State) (2	
				TOTAL			
LINE				FLORIDA GF	ROSS		RASTATE
NO.				OPERATING RE	EVENUE	RI	EVENUE
1.	Local Service Reven	ues		\$0		\$	0
2.	Network Access Rev	enues				1	
3.	Long Distance Netwo	ork Services Revenues					
4.	Miscellaneous Rever	nues					
				37			
5.	TOTAL REVENUE	es		s0		\$	0
6.	LESS: Amounts Paid	to Other Telecommunicat	ons Companies(1)			_	
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)						
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.)(2)					\$600.00	
	20						\$600.00
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)						
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)						
11.	Extension Payment I	Fee (see "4. Extension " on	back)				
12.	TOTAL AMOUNT	DUE (Add lines 8 through	11)			\$	600.00
	(2) Regardless of th	nust be intrastate only and in gross operating revenue ided in Section 364.336, Florida in Section 364.336, Florid	of a company, a mi	"2. Fees" on back). nimum annual regula	tory assessmen	t fee of \$	600 shall be
1 45	a undergionad aumar/aff	icer of the above-named co	mpany have read the	foregoing and declare	that to the best	of my kno	wledge and belief
the above	e information is a true a tement in writing with the	and correct statement. I and intent to mislead a publi	n aware that pursuant	to Section 837.06, Flo	orida Statutes, v	whoever ki	nowingly makes a
-	7.7	\ <u></u>		President			08/18/2021
	(Signature of Compa	any Official)	3	(Title)			(Date)
	Peter Batch		Telephone Number	(786)220-5654	Fax Nun	ber <u>(</u> 954)430-0652
	(Preparer of Form - Ple	A STATE OF THE PARTY OF THE PAR	areauske arameen kijkinisteliji				
			F.E.I. No.		81-4951117		