# Deposit Number

0 0 0 7 0 2 Deposit Date JAN 3 1 2024 FILED 1/31/2024 DOCUMENT NO. 00456-2024 FPSC - COMMISSION CLERK

LUMEN

January 30, 2024

Adam Teitzman, Director Office of the Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850



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RE: **CONFIDENTIAL-** Regulatory Assessment Fee Returns for Six Months Ending December 31, 2023

Dear Mr. Teitzman:

Enclosed in a sealed envelope for confidential filing please find the Florida Regulatory Assessment fee returns for the six months ended December 31, 2023, for the following companies containing confidential information:

CenturyLink of Florida, Inc. - TL727-23-T-2-R

Check No. 0012826680

CenturyLink Communications, LLC d/b/a Embarq Communications - TX273-23-T-2-R

Check No. 0012826681

Level 3 Communications, LLC - TX238-23-T-2-R

Check No. 004124125

Level 3 Telecom of Florida, LP - TA013-23-T-0-R

Check No. 004124121

Broadwing Communications, LLC - TX804-23-T-0-R

Check No. 004124124

TelCove Operations, LLC - TX912-23-T-0-R

Check No. 004124123

Global Crossing Local Services, Inc. – TX176-23-T-0-R

Check No. 004124122

COM \_\_\_ AFD \_\_\_ APA \_\_\_ ECO \_\_\_ ENG \_\_ GCL \_\_\_ IDM 1 redaded Set

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The Company is requesting confidential treatment of this report pursuant to §364.183, Florida Statutes. This Notice requires that the information be treated as confidential while on file at the Florida Public Service Commission. Thank you for your assistance in this matter.

Sincerely

Christie P. Mason

Director of Government Affairs

Attachments

Christie P. Mason Director of Government Affairs 132 N. Calhoun Street Tallahassee, FL 32301 Tel: (850) 599-1073 Christie.Mason@lumen.com



TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2024

### Local Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Serv	vice Commission		FOR PSC US	E ONLY
STATUS:		(See Filing Instruction	s on Back of Form)		Check#	
E		TL727-23-T-2-R CenturyLink of Florida, Inc. 132 N. Calhoun St., Suite 3 Taliahassee, FL 32301-1598			\$ \$	06-03-001 003001 E P 00-03-001 004011
					Postmark Date	
		Please Complete Below If Official	Malling Address Has Changed		tribals of Prepare	
****	(Name of company)		(Address)	<del></del>	(City / State)	(Zip)
LINE NO.				TOTAL LORIDA GROSS RATING REVENUE	INTRA	STATE REVENUE
1. Lo	ocal Service Revenues		\$		\$	
2. N	letwork Access Revenues		MARKAGISANA			
3. Lo	ong Distance Network Servi	ces Revenues	: Windows (Constitution de des	(48)		
4. M	fiscellaneous Revenues		And the second s			
5. TO	OTAL REVENUES		s		\$	
6. LE	ESS: Amounts Paid to Other	r Telecommunications Companies(1)			(	
7. N	ET INTRASTATE OPERAT	ING REVNEUE for Regulatory Assessment	ent Fee Calculation (Line 5 le	saa Line 6)	5	
9. Pe 10. In	enalty for Late Payment (see	Due (Multiple Line 7 by 0.0016. If more the "3. Failure to File by Due Date" on back.  "4. Extension" on back.	()	ess, enter \$600.)(2)		
12. TO	OTAL AMOUNT DUE (Add	lines 8 through 11)			\$	
(1		e <u>intrastate only</u> and must be verifiable (s s operating revenue of a company, a mini a Statues.		essment feee of \$600	shall be imposed as pro	ovided in
a true and	d correct statement. I am	of the above-named company, have real aware that pursuant to Section 837.06 and duty shall be guilty of a misdemeanor of the official)	5, Florida Statues, whoever	knowingly makes a	false statement in wr	nd belief the above information titing with the intent to misfead 1/23/2024 (Dete)
	Penny S. Nug (Preparer of Form - Please		Telephone Number	(318) 330-6409	Fax Number	(318) 388-9991
			F.E.I. No. 59-0248365			



### TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2024

Local Telephone Service Provider Regulatory Assessment Fee Return

#### Florida Public Service Commission

STATUS:   (See filing Instructions on Back of Form)   Check#	06-03-001 003001					
X         Estimated Return         Embarq Communications           Amended Return         132 N. Calhoun St., Ste 3         \$         E           PERIOD COVERED:         \$         \$         P	1					
Amended Return 132 N. Calhoun St., Ste 3	003001					
PERIOD COVERED:						
	06-03-001					
	004011					
\$	ė.					
Postmark Date						
Initials of Preparer						
(Name of company) (Address) (City / State)	(Zip)					
TOTAL						
LINE FLORIDA GROSS  NO. OPERATING REVENUE INTRASTATE REVEN	JUNE .					
	The second secon					
1. Local Service Revenues \$\$						
2. Network Access Revenues						
3. Long Distance Network Services Revenues						
4. Miscellaneous Revenues						
5. TOTAL REVENUES \$\$						
6. LESS: Amounts Paid to Other Telecommunications Companies(1)						
7. NET INTRASTATE OPERATING REVNEUE for Regulatory Assessment Fee Calculation (Lin \$						
8. Regulatory Assessment Fee Due (Multiple Line 7 by 0.0016. If more than \$600, enter amount. If les						
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 Fee (see "4. Extension" on back)						
12. TOTAL AMOUNT DUE (Add lines 8 through 11) \$						
(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 feee of \$600 shall be	imposed as provid					
Section 364.336, Florida Statues,						
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 Statues, whoever knowingly makes a false statement in writing with the	intent to mislead					
a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.						
Many Danie	1/22/2024					
Manager-Regulatory Finance (per delegated authority of SVP and Controller)  (Signature of Company Official)  (Title)	1/23/2024 (Date)					
	- Managara					
	388-9991					
(Preparer of Form - Please Print Name) 04-6141739						



TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024

## Local Telephone Service Provider Regulatory Assessment Fee Return

		Florida Fublic Sei	VICE COMMISSION	FOR PSC USE O	NLT
STATUS	i:	(See Filing Instruction	ns on Back of Form)	Check#	
	Actual Return Estimated Return Amended Return  COVERED: //2023 TO 12/31/2023	TX238-23-T-2-R Level 3 Communications, LLC 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598		\$ \$ \$	06-03-001 603001 E P 06-03-001 604011
		Please Complete Below If Officia	Mailing Address Has Changed	Postmark Date Initials of Preparer	
	(Name of company)		(Address)	(City / State)	(Zip)
LINE NO. 1.	Local Service Revenues Network Access Revenues		FLORIDA FLORIDA OPERATING S	GROSS	ATE REVENUE
3.	Long Distance Network Servi	ices Revenues			
4.	Miscelfaneous Revenues				
5.	TOTAL REVENUES		\$	\$	
6.	LESS: Amounts Paid to Othe	er Telecommunications Companies(1)		(	
7.	NET INTRASTATE OPERAT	TING REVNEUE for Regulatory Assessm	ent Fee Calculation (Line 5 less Line 6	\$	
8. 9. 10. 11.	Penalty for Late Payment (se	Due (Multiple Line 7 by 0.0016. If more te "3. Failure to File by Due Date" on back te "3. Failure to file by Due Date" on back to "4. Extension" on back)	k)	\$600.)(2)  already pard refund due us from the state of t	
12.	TOTAL AMOUNT DUE (Add	l lines 8 through 11)		\$	
		be intrastate only and must be verifiable ( is operating revenue of a company, a mir da Statues.		eee of \$600 shall be imposed as provid	ed in
is a tru	e and correct statement. I am	of the above-named company, have re n aware that pursuant to Section 837.0 icial duty shall be guilty of a misdemeanor of	06, Florida Statues, whoever knowing	ly makes a felse statement in writing authority of SVP and Controller)	
	Penny S, Nuc (Preparer of Form - Pleas		Telephone Number 318-3	330-6409 Fax Number	(318) 388-9991



#### TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2/024

### Local Telephone Service Provider Regulatory Assessment Fee Return

	Florida Public Service C	Jornmission		FOR PSC USE	ONLY
STATUS:	(See Filing Instructions on E	lack of Form)		Check#	
Actual Return  X	TA013-23-T-0-R Level 3 Telecom of Florida, LP 132 N. Calhoun SL, Ste 3 Tallahassee, FL 32301-1598			\$ 5 5 5 5	06-03-001 003001 E P 06-03-001 004011
	Please Complete Below If Official Mailin	ng Address Has Changed		Postmark Date Initials of Preparer	
(Name of company)	(	Address)		(City / State)	(Zlp)
LINE NO.  1. Local Service Revenues			TOTAL LORIDA GROSS RATING REVENUE	INTRAS	STATE REVENUE
Network Access Revenues					
<ol> <li>Long Distance Network Service</li> </ol>	ces Revenues	*		<b>D</b>	
4. Miscellaneous Revenues		****	- GERRA		
5. TOTAL REVENUES		\$			
6. LESS: Amounts Paid to Other	r Telecommunications Companies(1)			(	
7. NET INTRASTATE OPERAT	ING REVNEUE for Regulatory Assessment F	ee Calculation (Line 5 le	ess Line 6)	\$	
<ol><li>Penalty for Late Payment (see</li></ol>	Due (Multiple Line 7 by 0.0016. If more than \$ e "3. Failure to File by Due Date" on back) e "3. Failure to file by Due Date" on back.) "4. Extension" on back)	\$800, enter amount. If le	ass, enter \$600.)(2)		
12. TOTAL AMOUNT DUE (Add	lines 8 through 11)			\$	
	e <u>intrastate only</u> and must be verifiable (see "¿ s operating revenue of a company, a minimun a Statues.		essment feee of \$600 sh	nall be imposed as pro-	vided in
is a true and correct statement, I am	of the above-named company, have read to aware that pursuant to Section 837.06, Ficial duty shall be guilty of a misdemeanor of the section (Marketin)	lorida Statues, whoever	knowingly makes a f	false statement in wri	
Penny S, Nug (Preparer of Form - Please	Print Name)	elephone Number E.I. No. 06-1363374	318-330-6409	Fax Number	(318) 388-9991



# TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024 Local Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Service	Commission		FOR PSC	JSE ONLY
STATUS:		(See Filing Instructions of	n Back of Form)		Chackff	
PERIOD 0	Actual Return Estimated Return Amended Return COVERED: 12/31/2023	TX804-23-T-0-R Broadwing Communications, LLC 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598			\$ \$ \$	06-03-001 003001 E P 06-03-001 004011
					Postmark Data Initials of Prep	arer
		Please Complete Below If Official Ma	iling Address Has Changed	L		Level and the second se
	(Name of company)		(Address)		(City / State)	(Zip)
LINE NO.				TOTAL FLORIDA GROSS OPERATING REVEN		RASTATE REVENUE
1.	Local Service Revenues		\$		5	
2.	Network Access Revenues		***			
3.	Long Distance Network Servi	ces Revenues				
4.	Miscellaneous Revenues		-			
5.	TOTAL REVENUES		\$		\$	
6.	LESS: Amounts Paid to Other	r Telecommunications Companies(1)			(	
7.	NET INTRASTATE OPERAT	ING REVNEUE for Regulatory Assessment	Fee Calculation (Line 5	less Line 6)	\$	
8. 9. 10. 11.	Penalty for Late Payment (se		\$600, enter amount. I	fless, enter \$600.)(2)		
***************************************	* *	e <u>intrestate only</u> and must be verifiable (see s operating revenue of a company, a minimu ta Statues.		sessment feee of \$60	00 shall be imposed as provi	ded in
is a true	and correct statement. I a	of the above-named company, have ream aware that pursuant to Section 837.0 cial duty shall be guilty of a misdemeanor of the s	6, Florida Statues, wheecond degree.		kes a false statement in	
	Penny S, Nug (Preparer of Form - Please	Print Name)	Felephone Number	318-330-640	9 Fax Number	(318) 388-9991



# TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024 Local Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Servi	ce Commission		FOR PSC USE ONLY	
STATUS:		(See Filing instructions	on Back of Form)		Спески	
X PERIOD 0 01/01/2	Actual Return Estimated Return Amended Return  COVERED: 12/31/2023	TX912-23-T-0-R TelCove Operations, LLC 132 N. Calhoun St., Ste 3 Tallahassee, FL 32301-1598			\$ E F	06-03-001 039001 06-03-001 004011
		Please Complete Below If Official	Mailing Address Has Changed		Postmark Date Initiats of Preparer	
	(Name of company)		(Address)		(City / State)	(Zip)
LINE NO.	Local Service Revenues			TOTAL FLORIDA GROSS FRATING REVENUE	INTRASTATE	REVENUE
2.	Network Access Revenues		-			
3.	Long Distance Network Service	ces Revenues	maké dalah maya yapatan sa 1941			
4.	Miscellaneous Revenues			and the same of th		
5.	TOTAL REVENUES		\$		<b>S</b>	
6.	LESS: Amounts Paid to Other	r Telecommunications Companies(1)				
7.	NET INTRASTATE OPERAT	ING REVNEUE for Regulatory Assessmen	t Fee Calculation (Line 5 less L	ine 6)	\$	
8. 9. 10. 11.	Penalty for Late Payment (see		n \$600, enter amount. If less, o	anter \$600. ((2)	\$	
		e <u>intrastate only</u> and must be verifiable (see s operating revenue of a company, a minim a Statues.		ent feee of \$600 shall be in	mposed as provided in	
is a true	and correct statement. I a	of the above-named company, have in aware that pursuant to Section 83 icial duty shall be guilty of a misdemeanor of the	7.06, Florida Statues, whoeve	r knowingly makes a f	alse statement in writing will	
	(Signature of Company	y Official)	The second secon	(Title)	Appendix App	(Date)
	Penny S, Nug (Preparer of Form - Please		Telephone Number	318-330-6409	Fax Number	(318) 388-9991



# TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2024 Local Telephone Service Provider Regulatory Assessment Fee Return

	Florida Publi	ic Service Commission	FOR PSC USE ONL	Y
STATUS:	(See Fling Ins	tructions on Back of Form)	Check#	
Actual Retu  X Estimated R  Amended R  PERIOD COVERED:  01/01/2023 TO	Return Global Crossing Local Services, In	nc.	\$EP	08-03-001 003001 06-03-001 004011
	Please Complete Below If	Official Mailing Address Has Changed	Postmark Date Initials of Preparer	
(Narm	e of company)	(Address)	(City / State)	(Zip)
UNE NO.		TOT FLORIDA OPERATING	GROSS	REVENUE
Local Service	ce Revenues	\$	ss	
2. Network Ac	ccess Revenues	-31-0		1
<ol> <li>Long Distant</li> </ol>	nce Network Services Revenues			
4. Miscellaneo	ous Revenues			
5. TOTAL REV	VENUES	\$	\$	
6. LESS: Amo	ounts Paid to Other Telecommunications Companies(	1)	(	
7. NET INTRA	ASTATE OPERATING REVNEUE for Regulatory Asset	essment Fee Calculation (Line 5 less Line 6)	\$	
<ol> <li>Penalty for</li> <li>Interest for</li> </ol>	Assessment Fee Due (Multiple Line 7 by 0.0016. If n Late Payment (see "3, Failure to File by Due Date" or Late Payment (see "3, Failure to file by Due Date" on Payment Fee (see "4, Extension" on back)	n back)	900.)(2)	
12. TOTAL AM	OUNT DUE (Add lines 8 through 11)		\$	
(2) Rega	e amounts must be intrastate only and must be verifia incless of the gross operating revenue of a company, a on 364.336, Florida Statues.		of \$600 shall be imposed as provided in	
is a true and correct a public servant in the peri	ed owner/officer of the above-named company, hit statement. I am aware that pursuant to Section formance of his official duty shall be guilty of a misdemeand to the company official)	on 837.06, Florida Statues, whoever knowing	ply makes a false statement in writing wi	
(Prep	Penny S, Nugent parer of Form - Please Print Name)	Telephone Number 318- F.E.I. No. 38-3273802	.330-6409 Fax Number	(318) 388-9991