



November 16, 1999

Overnight

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Winter Park, FL
32789

P.O. Drawer 200
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32790-0200

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Ms. Daisy Crockron
Chief of Docketing
Ohio Public Utilities Commission
180 East Broad Street
Columbus, Ohio 43266-0573

4
RECEIVED - DOCKETING DIV
99 NOV 17 AM 10:29
PUCO

99-1494-CT-ABN

RE: **TeleKey, L.L.C. - Cancellation of Operating Authority and Withdrawal of
Tariff
90-5757-CT-TRF**

Dear Ms. Crockron:

Enclosed for filing are the original and thirteen (13) copies of a notification of Abandonment of Service filed on behalf of TeleKey, L.L.C. The Company is hereby requesting cancellation of its operating Authority to offer telecommunications services throughout the State of Ohio and withdrawal of its Tariff. The Company offered prepaid debit cards. The Company will no longer offer debit cards in the state, and will honor any existing cards through the expiration dates..

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 this purpose. Questions regarding this filing may be directed to me at (407) 740-8575. Thank you for your assistance.

Yours truly,

Monique Byrnes
Consultant to
TeleKey, L.L.C.

MB/bet

cc: S. Levings - TeleKey
file: TeleKey - OH
tms: oho9901

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician Dana M. Nelson Date Processed Nov. 18, 1999

PUBLIC UTILITIES COMMISSION OF OHIO
PUBLIC COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDER
563 REGISTRATION FORM
ISSUED: December 21, 1995

RECEIVED-DOCKETING DIV

In the Matter of the Filing by)
TeleKey. L.L.C. of notification)
of Abandonment of Services)

Case No. 99-149459-CT-ABN-)
NOV 17 AM 10:29)
PUCO)

Name of Registrant: TeleKey, L.L.C.
Registrant's Address: 229 Peachtree Street, Suite 1102, Atlanta, Georgia 30303
Contact Person Sanford H. Levings, Jr. Phone- (404) 577-3888
Date November 17, 1999 TRF Docket No. 90-5757-CT-TRF

I. Indicate the reason for submitting this form (check one) (NOTES: 1. If a waiver is filed in conjunction with an automatic case, see I.D.2.b. of the 563 guidelines for the applicable automatic time frame; and 2. The number of copies noted below must be accompanied by an original filing. Facsimiles are not acceptable.):

1. (ABN) Withdraw or Abandonment of all Services (14-day notice, 13 copies)
 2. (ACE) New Operating Authority (30-day approval, 10 copies)
 IXC AOS CAP Cellular Paging
 Other _____
 3. (AMT) Merger (14-day notice, 13 copies)
 4. (ATR) Transfer or Transaction Affecting Operating Authority (14-day notice, 7 copies)
 5. (ARJ) All Other Requests for Relief from Jurisdiction (NOT automatic, 10 copies)
 6. (MTW) "Me Too" Waiver (30-day approval, 10 copies)
 7. (RRJ) Switchless Rebiller Request for Relief from Jurisdiction (30-day approval, 10 copies)
 8. (WVR) Request for Waiver from Portion(s) of 563 pursuant to I.D.3. of the 563 guidelines. (NOT automatic, 10 copies)
 9. (ZAC) Contract (0-day notice, 10 copies)
 10. (ZCN) Change of Name (0-day notice, 10 copies)
 11. (ZCO) Change in Ownership (0-day notice, 10 copies)
 12. (ZTA) Introduction of new tariffed service(s), textual revision, correction of error, addition of service area(s), etc. (0-day notice, 10 copies)
 13. (UNC) Unclassified (explain) _____ (NOT automatic, 10 copies)
 14. Other (explain) _____ (NOT automatic, 10 copies)

THE FOLLOWING ARE TRF FILINGS ONLY, NOT NEW CASES (0-day notice, 3 copies)

15. Introduction of Promotional Offering
 16. New Price List Rate for Existing Service. If increase to residential MTS, DA, or traditional operator surcharges, specify which notice procedure will be utilized: _____ real time; or _____ annual.
 17. Designation of Registrant's Process Agent(s)

II. Indicate which of the following exhibits have been filed. The numbers (corresponding to the list above) indicate, at a minimum, the types of cases in which the exhibit is required:

- A copy of registrant's informational tariff. (2)
 Statement affirming that the registrant has notified the Ohio Department of Taxation of its intent to conduct operations as a telephone utility in the State of Ohio. (2)

- List of names, addresses, and phone numbers of officers and directors, or partners. (2-4,)
- Brief description of service(s) proposed, as well as the targeted market(s) (2)
- Copy of tariff sheet(s) & price list(s) superseded, marked as Exhibit A. (1,3-4,6,10,12-16) Not Applicable
- Copy of revised tariff sheet(s) & price list(s) superseded, marked as Exhibit B. (1,3-4,6,10,12-16) Not Applicable
- If increase to residential MTS, DA, or traditional operator surcharges, specify which notice procedure will be utilized: _____ real time; or _____ annual. (12,16)
- Copy of real time notice which has been provided to Customers. (1,3,10-12,16) Not Applicable
- Copy of annual notice which will be sent to Customers is: _____ included with this filing; or will be filed with the Commission _____ (month) _____ (year). (16)
- Description of and rationale for proposed tariff changes, including a complete description of the service(s) proposed or affected. Specify for each service affected whether it is business _____, residence _____, or both _____ as well as whether it is switched _____ or dedicated _____ service. Include this information in either the cover letter or label as "Exhibit C". (3,6,8,12-15)
- Delineation of any deaveraged message toll service, if applicable. (6, 12-16)
- Statement explaining rationale for proposal. (1,3-5,10-11) **See correspondence**
- List of Ohio counties specifically involved or affected (1-6,8,10,16) **See correspondence**
- Certification from Ohio Secretary of State as to party's proper standing (domestic or foreign corporation, authorized use of fictitious name, etc.). (2-4,7,10) (In transfer of certificate cases, the transferee's good standing must be established).
- Justification for waiver of specific element(s) of 563. (6,8)
- Responses to questions contained in Appendix A, Attachment 4 to the 563 guidelines (7)
- Statement affirming that registrant has obtained all necessary federal authority to conduct operations being proposed, and that copies have been furnished by cellular, paging, and mobile companies to this Commission of any Form 401, 463, and/or 489 which the applicant has filed with the Federal Communications Commission. (2-4)
- Other information requested by the Commission staff.

III. Registrant hereby attests to its compliance with the following requirements in the Service Requirements Form, as well as all pertinent entries and orders issued by the Commission with respect to these issues. Further, registrant hereby affirms that it will maintain with its TRF docket an up-to-date, properly marked, copy of the Service Requirements Form available for public inspection.

Mandatory requirements for all CTS providers:

- Sales tax
- Deposits

Service requirements for CTS providers of certain services (check all applicable):

- Discounts for Persons with Communication Disabilities and the Telecommunication Relay Service
- Emergency Services Calling Plan
- Alternative Operator Service (AOS) requirements
- Limitation of Liability
- Termination Liability Language

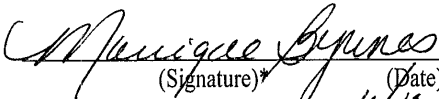
IV. List names, titles, and addresses of those persons authorized to make and/or verify filings at the Commission on behalf the registrant:

Sanford H. Levings, Jr., Vice-President, TeleKey, L.L.C., 229 Peachtree Street, Suite 1102, Atlanta, GA 30303
Monique Byrnes, Consultant to TeleKey, L.L.C., Technologies Management, Inc., P.O. Drawer 200, Winter Park, Florida 32790-0200

NOTE: An annual report is required to be filed with the Commission by each company on an annual basis. The annual report form will be sent for completion to the address and individual (s) identified in this Section unless another address or individual is so indicated.

VERIFICATION

I, Monique Byrnes, Consultant to TeleKey, L.L.C., verify that I have utilized, verbatim, the Commission's 563 Registration Form issued December 21, 1995, and that all of the information submitted here, and all additional information submitted in connection with Case No. 99-_____-CT-ABN is true and correct to the best of my knowledge.



(Signature)* (Date)
11/16/99

- * A verification is required for every filing. It may be signed by counsel or a process agent designated by the Registrant, except that initial certification cases (ACE) must be signed by an officer of the registering entity.