

November 19, 2024  
Via Overnight Delivery and E-File

Ms. Darlene K. Standley, Asst. Chief - Telecommunications  
Tennessee Public Utility Commission  
502 Deaderick Street  
4th Floor  
Nashville, TN 37243

Electronically Filed in TPUC Docket Room  
on November 19, 2024 at 2:19 p.m.

**RE: TransWorld Network, Corp.  
Notification of Change in Company Name**

Dear Ms. Standley:

The original and four (4) copies of this notice are submitted on behalf of TransWorld Network, Corp. ("Company") to notify the Tennessee Public Utility Commission ("Commission") that the Company has changed its corporate name to TransWorld Network, LLC d/b/a TWN Communications. In Tennessee, the Company is authorized to provide resold interexchange and operator service telecommunications services and operates pursuant to market regulation. This name change is invisible to customers as this is a change in corporate structure only.

Enclosed are copies of documentation on the conversion from a corporation to a limited liability company and registration of the Company's assumed name on file with the Tennessee Department of State.

Also enclosed is the original of an updated bond to reflect the change in the Company's name as well as a check for \$25.00 to cover the filing fee.

The Company respectfully requests the Commission to change the Company's name in all Commission records to TransWorld Network, LLC d/b/a TWN Communications at the earliest possible date.

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 470-672-3934 or via email to croesel@inteserra.com. Thank you for your assistance in this matter.

Sincerely,

/s/ Carey Roesel

Carey Roesel  
Consultant

cc: J. Hicks - TWN  
tms: TNi2401  
Enclosures  
CR/sp

## RIDER

### TO BE ATTACHED TO AND FORM PART OF

Telecommunications Service Provider Bond

NO. 21BSBEV9685

IN FAVOR OF \_\_\_\_\_  
(Type of bond)  
State of Tennessee  
(Obligee)  
ON BEHALF OF \_\_\_\_\_  
TransWorld Network Corporation  
(Principal)  
EFFECTIVE \_\_\_\_\_  
December 22, 2022  
(Original effective date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider.

1. The Surety hereby gives its consent to:

- |  |  |
|--|--|
| <input type="checkbox"/> INCREASE                  | <input checked="" type="checkbox"/> CHANGE THE NAME OF THE PRINCIPAL |
| <input type="checkbox"/> DECREASE                  | <input type="checkbox"/> CHANGE THE ADDRESS OF THE PRINCIPAL         |
| <input type="checkbox"/> CHANGE THE EFFECTIVE DATE | <input type="checkbox"/> CHANGE THE EXPIRATION DATE                  |
| <input type="checkbox"/> OTHER _____               |  |

(of) the attached bond **FROM:** \_\_\_\_\_  
TransWorld Network Corporation  
**TO:** \_\_\_\_\_  
TransWorld Network, LLC d/b/a TWN Communications  
**EFFECTIVE:** \_\_\_\_\_  
October 4, 2024

2. **PROVIDED**, however, that the attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached bond as changed by this rider shall not be cumulative.

3. Signed, and sealed this \_\_\_\_\_<sup>7th</sup> day of \_\_\_\_\_<sup>October</sup> \_\_\_\_\_<sup>2024</sup>

ACCEPTED BY:

Hartford Fire Insurance Company

By: \_\_\_\_\_

(Title)

ATTORNEY-IN-FACT

Stephen P. Farmer

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: BROWN & BROWN OF FLORIDA INC

Agency Code: 21-220889

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☒ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☒ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited :**

Tyler D. DeBord, Stephen P. Farmer, Pamela J. Thompson of DAYTONA BEACH, Florida

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Shelby Wiggins*

Shelby Wiggins, Assistant Secretary

*Joelle L. LaPierre*

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



*Jessica Ciccone*

Jessica Ciccone  
My Commission HH 122280  
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of October 7, 2024.

Signed and sealed in Lake Mary, Florida.



*Keith D. Dozois*

Keith D. Dozois, Assistant Vice President



# APPLICATION FOR CERTIFICATE OF AUTHORITY LIMITED LIABILITY COMPANY (ss-4233)

Page 1 of 2



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks Ave., 6th Fl.  
Nashville, TN 37243-1102  
(615) 741-2286

For Office Use Only

Filing Fee: \$50.00 per member  
(minimum fee = \$300, maximum fee = \$3,000)

To The Secretary of the State of Tennessee:

Pursuant to the provisions of T.C.A. § 48-249-904 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the Limited Liability Company is: Trans World Network, LLC

If different, the name under which the certificate of authority is to be obtained is: \_\_\_\_\_

NOTE: The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign Limited Liability Company if its name does not comply with the requirements of T.C.A. § 48-249-106 of the Tennessee Revised Limited Liability Company Act. If obtaining a certificate of authority under an assumed Limited Liability Company name, an application must be filed pursuant to T.C.A. § 48-249-106(d).

2. The state or country under whose law it is formed is: Minnesota

and the date of its formation is: 11 / 25 / 20 and the date it commenced doing business in Tennessee is: 11 / 25 / 20  
Month Day Year Month Day Year

NOTE: Additional filing fees and proof of tax clearance confirming good standing may apply if the Limited Liability Company commenced doing business in Tennessee prior to the approval of this application. See T.C.A. § 48-249-913(d) and T.C.A. § 48-249-905(c)

3. This company has the additional designation of: \_\_\_\_\_

4. The name and complete address of its registered agent and office located in the state of Tennessee is:

Name: Corporation Service Company

Address: 2908 Poston Ave

City: Nashville State: TN Zip Code: 37203 County: Davidson

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days)

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_  
Month Day Year

7. The LLC will be: ☐ Member Managed ☒ Manager Managed ☐ Director Managed ☐ Board Managed ☐ Other

8. Number of Members at the date of filing: 5

9. Period of Duration: ☒ Perpetual ☐ Other \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

10. The complete address of its principal executive office is:

Address: 255 Pine Ave N

City: Oldsmar State: FL Zip Code: 34677

Business Email: compliance@cpwarc.com





# APPLICATION FOR CERTIFICATE OF AUTHORITY LIMITED LIABILITY COMPANY (ss-4233)

Page 2 of 2



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102  
(615) 741-2286

For Office Use Only

Filing Fee: \$50.00 per member  
(minimum fee = \$300, maximum fee = \$3,000)

The name of the Limited Liability Company is: TransWorld Network, LLC

11. The complete mailing address of the entity (If different from the principal office) is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. § 67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.  
☐ I certify that this entity meets the requirement of T.C.A. § 48-249-1123(b)(3)

Licensed Profession: \_\_\_\_\_

14. Series LLC (required only if the Additional Designation of "Series LLC" is entered in section 3.)

- ☐ I certify that this entity meets the requirements of T.C.A. § 48-249-309(i)

If the provisions of T.C.A. § 48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this document.

15. Obligated Member Entity (list of obligated members and signatures must be attached)

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: \_\_\_\_\_  
Month Day Year

Understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES FOR THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. Other Provisions: \_\_\_\_\_

6/21/2024  
Signature Date

Donna Miller  
Signature

CEO -  
Signer's Capacity (if other than individual capacity)

Donna Miller  
Name (printed or typed)



007676448

**APPLICATION FOR REGISTRATION  
OF ASSUMED NAME****SS-4230****Tre Hargett**  
Secretary of State**Division of Business Services  
Department of State**State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102  
(615) 741-2286

Filing Fee: \$20.00

*For Office Use Only***-FILED-**

Amendment # 007676448

Pursuant to the Tennessee Business Corporation Act, Tennessee Nonprofit Corporation Act, Tennessee Limited Liability Company Act, Tennessee Revised Limited Liability Company Act, or the Tennessee Revised Uniform Partnership Act, this application for registration of an assumed name is submitted to the Tennessee Secretary of State.

1. The Secretary of State Control Number is: 000263093

and the true name of the business entity is:

TransWorld Network, LLC

2. The state or country of organization is:

MINNESOTA

3. The business entity intends to transact business under an assumed name.

4. The assumed name the business entity proposes to use is:

TWN Communications

*The assumed name must satisfy the statutory requirements for that type of entity.*

08/29/2024

Signature Date

CFO

Signer's Capacity

Electronic

Signature

DONNA MILLER

Name (typed or printed)

**Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.**