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COMMISSION
CLERK

October 5, 2010

Ann Cole, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

REDACTED

RE: Docket No. 100149-WU; Ni Florida, LLC's Application for Increase in Water Rates in Lee County, Florida

Dear Ms. Cole:

This letter pertains to Issue 4 of the 8/31/10 Regular Agenda pertaining to interim rates, What is the appropriate security to guarantee the interim increase? Ni Florida, LLC has elected to set up an escrow account at Memorial City Bank and deposit \$9,807 into such account each month in order to provide the security required by the FPSC. This is the same action taken by Ni Florida, LLC in its Hudson rate filing when granted interim rates. Relating to this, I am including two (2) pages from Memorial City Bank requiring your signature in order to complete setting up this escrow account. Each page contains a sticker indicating where you need to sign. I have included a stamped, self-addressed envelope for you to return the pages to Phay Blanks at Memorial City Bank after you have signed them. Please make a copy for your records before mailing.

Should you have any questions regarding this matter, please do not hesitate to give me a call.

Very truly yours,

Benny Wilkinson

BENNY WILKINSON
For Ni Florida, LLC

BFW

Memorial City Bank
820 Gessner, Suite 140
Houston TX 77024

713-973-8000

ACCOUNT NUMBER

ACCOUNT OWNER(S) NAME & ADDRESS

NI FLORIDA LLC
TAMIAMI ESCROW ACCOUNT
HELD BY MEMORIAL CITY BANK
10913 METRONOME DR
HOUSTON TX 77043



DATE OPENED 09/16/2010 BY PRB
INITIAL DEPOSIT \$ N/A
 CASH CHECK
HOME TELEPHONE # _____
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER _____
BUSINESS PHONE # 713-574-7772

Name and address of someone who will always know your location: _____
2 SIGNATURES REQUIRED - 1 SIGNATURE AMONG GROUP 1 AND 1 SIGN BEING ANN

Number of signatures required for withdrawal 2
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features

OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials next to account selected.)
UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE: THE TYPE OF ACCOUNT YOU SELECT MAY DETERMINE HOW PROPERTY PASSES ON YOUR DEATH. YOUR WILL MAY NOT CONTROL THE DISPOSITION OF FUNDS HELD IN SOME OF THE FOLLOWING ACCOUNTS.

- SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION
 - SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION
 - MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP
 - MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP
 - MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION
 - CONVENIENCE ACCOUNT
 - TRUST ACCOUNT (name beneficiaries below)
 - TRUST ACCOUNT SUBJECT TO SEPARATE AGREEMENT
- DATED: _____
 OTHER _____

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP LIMITED LIABILITY COMPANY
 - CORPORATION: FOR PROFIT NOT FOR PROFIT
 - PARTNERSHIP
- BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

- NEW EXISTING
 - CHECKING SAVINGS
 - MONEY MARKET CERTIFICATE OF DEPOSIT
 - NOW
- ACCOUNT NAME: Business Money Market Savings
 This is a Temporary account agreement.

BACKUP WITHHOLDING CERTIFICATIONS

- TIN: _____
- TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 - BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 - EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.
- SIGNATURE:** I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X E Wallace 9/27/10
(Date)

GROUP 1

(1): [X] Edward R Wallace
EDWARD R WALLACE DOB: 07/13/1955
I.D. # 07584634 Other SSN: _____

(2): [X] Benny F Wilkinson
BENNY F WILKINSON DOB: 09/29/1955
I.D. # 01146202 Other SSN: _____

(3): [X] Mark S Daday
MARK S DADAY
I.D. # _____ Other _____

(4): [X] Ann Cole
ANN COLE DOB: 05/01/1952
I.D. # _____ Other _____

The person(s) named below are Convenience Signers only (not owners)

[X]

I.D. # _____ Other _____

[X]

I.D. # _____ Other _____

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

Memorial City Bank
820 Gessner, Suite 140
Houston TX 77024

By: NI FLORIDA LLC
TAMIAMI ESCROW ACCOUNT
HELD BY MEMORIAL CITY BANK
10913 METRONOME DR
HOUSTON TX 77043

Acct #

713-973-8000
Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

I, EDWARD R WALLACE, certify that I am a Manager or Designated Member of the above named Limited Liability Company organized under the laws of TX, Federal Employer I.D. Number, engaged in business under the trade name of NI FLORIDA LLC TAMIAMI ESCROW ACCOUNT, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on 09/16/2010 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position

Signature

Facsimile Signature (if used)

- A. EDWARD R WALLACE
B. BENNY F WILKINSON
C. MARK S DADAY
D. ANN COLE
E.
F.

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Table with 3 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Includes powers for exercising powers, opening accounts, endorsing checks, borrowing money, etc.

LIMITATIONS ON POWERS The following are the Limited Liability Company's express limitations on the powers granted under this resolution.

TWO SIGNATURES REQUIRED ANY 1 SIGNATURE AMONG GROUP 1, ED, BENNY OR MARK AND 1 SIGNATURE BEING ANN

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Managers or Designated Members of the Limited Liability Company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same.

In Witness Whereof, I have subscribed my name to this document and affixed the seal, if any, of the Limited Liability Company on September 27, 2010 (date).

Attest by One Other Manager or Designated Member [Signature]

