

Deposit Number      Deposit Date  
000750              AUG 15 2024

CK#: 2152  
Amt: \$750.00  
CK Date: 08/13/24

FLORIDA UTILITY SERVICES 1, LLC  
5911 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL. 34652  
863-904-5574

*Handwritten:* **COPY**

August 13, 2024

*Handwritten:* Dkt #: 20240123

Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL. 32399

Re: Docket # 20240089

Dear Commission Clerk:

Enclosed please find an Application for a Grandfather certificate in Columbia County.

On behalf of the utility,

*Handwritten signature:*

Mike Smallridge

RECEIVED-FPSC  
2024 AUG 15 AM 11:53  
COMMISSION CLERK

**APPLICATION FOR ORIGINAL CERTIFICATE FOLLOWING RESCISSION  
OF JURISDICTION BY A COUNTY (GRANDFATHER CERTIFICATE)**

(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)

To: **Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850**

The undersigned hereby makes application for original certificate(s) to operate a water  and/or wastewater  utility in Columbia County, Florida, and submits the following information:

**PART I APPLICANT INFORMATION**

A) Contact Information for Utility. The utility's name, address, telephone number, Federal Employer Identification Number, and if applicable, fax number, e-mail address, and website address. The utility's name should reflect the business and/or fictitious name(s) registered with the Department of State's Division of Corporations:

Suwannee Valley Utilities, LLC  
Utility Name

5911 Trouble Creek Rd  
Office Street Address

New Port Richey FL  
City State

34652  
Zip Code

n/a  
Mailing Address (if different from Street Address)

n/a  
City

n/a  
State

n/a  
Zip Code

352 302 7406  
Phone Number

( ) - n/a  
Fax Number

82-1591837  
Federal Employer Identification Number

Records @ fus. LLC.com  
E-Mail Address

Website Address N/A

B) The contact information of the authorized representative to contact concerning this application:

Name Michael Smallridge

Mailing Address 5911 Trouble Creek Rd

City New Port Richey FL State FL Zip Code 34652

Phone Number 352-302-7404 Fax Number ( ) - N/A

E-Mail Address mike@fusillc.com

C) Indicate the nature of the utility's business organization (check one). Provide documentation from the Florida Department of State, Division of Corporations, showing the utility's business name and registration/document number for the business, unless operating as a sole proprietor.

- Corporation \_\_\_\_\_ Number \_\_\_\_\_
- Limited Liability Company L17060108666 Number \_\_\_\_\_
- Partnership \_\_\_\_\_ Number \_\_\_\_\_
- Limited Partnership \_\_\_\_\_ Number \_\_\_\_\_
- Limited Liability Partnership \_\_\_\_\_ Number \_\_\_\_\_
- Sole Proprietorship \_\_\_\_\_
- Association \_\_\_\_\_
- Other (Specify) \_\_\_\_\_