

M15000006876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

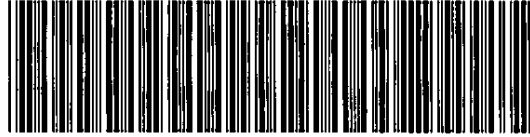
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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JUL 01 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Care Right There Home Care Florida, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marisa Betancourt, managing member.  
(Name of Person)

Care Right There Home Care, LLC  
(Firm/Company)

157 Bridgeton Pike Ste 200 #321  
(Address)

Mullica Hill, NJ 08062  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Marisa Betancourt at ( 732 ) 687 1877  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 9, 2015

Yves A Frederic, Administrator  
Care Right There  
359 Underwood Trl  
Palm Coast, FL 32164

File Number: 39968968  
License Number: 234136  
Provider Type: Homemaker & Companion  
Services

RE: 500 Shady Oaks Dr 306, Palm Coast

Dear Administrator:

The enclosed Homemaker & Companion Services license with license number 234136 and certificate number 20703 is issued for the above provider effective October 9, 2015 through October 8, 2017. The license is being issued for: approval of the initial application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Home Care Unit.

Don't forget to put your new license number on all printed materials including websites!

Please take a short customer satisfaction survey on our website at [ahca.myflorida.com/survey/](http://ahca.myflorida.com/survey/) to let us know how we can serve you better. Additional licensure information can be found at <http://ahca.myflorida.com/homecare>.

If we may be of further assistance, please contact me by phone at (850) 412 -4316 or by email at [Jerome.Preston@ahca.myflorida.com](mailto:Jerome.Preston@ahca.myflorida.com).

Sincerely,

Jerome Preston  
Regulatory Specialist II  
Home Care Unit  
Division of Health Quality Assurance

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1: 12



**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Care Right There Home Care, LLC  
(Name of limited liability company)

Florida - Flagler County  
(Jurisdiction of its organization)

Certificate Effective Date 10/9/2015  
(Date registered with Florida Department of State)

File #: 39968968      Certificate #: 20703      Div & Corp Doc #: M15000004874  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Manira A. Betancourt  
(Signature of authorized representative)

Manira A. Betancourt, managing member  
(Typed or printed name of signee)

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 JUN 30 PM 1:12

**Filing Fee: \$25.00**

CERTIFICATE #: 20703

16 JUN 30 PM 1:12

REGISTRATION #: 234136

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

## Homemaker & Companion Services REGISTERED

This is to confirm that CARE RIGHT THERE HOME CARE LLC has complied with Chapter 400, Part III, rules of the State of Florida and is authorized to operate the following:

**CARE RIGHT THERE**  
500 Shady Oaks Dr 306  
Palm Coast, FL 32164  
in the following counties:  
FLAGLER

Homemaker & Companion Services are prohibited from providing any hands-on personal care services.

EFFECTIVE DATE: 10/09/2015

EXPIRATION DATE: 10/08/2017



*[Signature]*  
Deputy Secretary, Division of Health Quality Assurance