

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000072366

**Entity Name:** TOTL MANAGEMENT GROUP INC.

**Current Principal Place of Business:**

4846 SUN CITY CENTER BLVD.  
#177 SUN CITY CENTER, FL 33573  
SUN CITY CENTER, FL 33573-

**Current Mailing Address:**

4846 SUN CITY CENTER BLVD.  
#177  
SUN CITY CENTER, FL 33573-6281 US

**FEI Number:** 83-1719302

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBINSON, CALVIN  
4846 SUN CITY CENTER BLVD.  
#177  
SUN CITY CENTER, FL 33573-6281 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ROBINSON, CALVIN  
Address 4846 SUN CITY CENTER BLVD.  
#177  
City-State-Zip: SUN CITY CENTER FL 33573-6281

Title STD  
Name DARTON, EDDIE  
Address 4846 SUN CITY CENTER BLVD.  
#177  
City-State-Zip: SUN CITY CENTER FL 33573-6281

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CALVIN ROBINSON

**PRES**

**02/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date