



Form Revision Date 07/2016

## ANNUAL STATEMENT

(Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 802267551

Annual Statement Filing Year: 2021

1. Limited Liability Company Name:  
SPARTAN PARTNERS SERVICES LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: ADEL FAKHOURI  
2. Street Address: 888 W. BIG BEAVER ROAD  
Apt/Suite/Other: 870  
City: TROY  
State: MI Zip Code: 48084

3. Mailing address of the registered office:

P.O. Box or Street Address: 888 W. BIG BEAVER ROAD  
Apt/Suite/Other: 870  
City: TROY  
State: MI Zip Code: 48084

This annual statement must be signed by a member, manager, or an authorized agent.

Signed this 11th Day of November, 2020 by:

Signature	Title	Title if "Other" was selected
Adel Fakhouri	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

**This is to Certify that the** 2021 ANNUAL STATEMENT

**for**

SPARTAN PARTNERS SERVICES LLC

**ID Number:** 802267551

**received by electronic transmission on** November 11, 2020 **, is hereby endorsed.**

**Filed on** November 11, 2020 **, by the Administrator.**

**The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.**



**In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11th day of November, 2020.**

*Linda Clegg*

**Linda Clegg, Interim Director**

**Corporations, Securities & Commercial Licensing Bureau**