

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000468

**Entity Name:** RAYONIER TRS FOREST OPERATIONS, LLC

**Current Principal Place of Business:**

225 WATER STREET, SUITE 1400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

225 WATER STREET, SUITE 1400  
JACKSONVILLE, FL 32202 US

**FEI Number:** 20-5485294

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           RAYONIER TRS OPERATING  
                  COMPANY  
Address        225 WATER STREET, SUITE 1400  
City-State-Zip: JACKSONVILLE FL 32202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RAYONIER TRS OPERATING COMPANY

**MANAGING MEMBER**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date