

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Anthony J. Ellrod (State Bar No. 136574)/Kristina Ross (State Bar No. 325440) FIRM NAME: MANNING & KASS STREET ADDRESS: 801 S. Figueroa St, 15th Floor CITY: Los Angeles STATE: CA ZIP CODE: 90017-3012 TELEPHONE NO.: (213) 624-6900 FAX NO.: (213) 624-6999 E-MAIL ADDRESS: tony.ellrod@manningkass.com; kristina.ross@manningkass.com ATTORNEY FOR (name): Plaintiff, WILLIAM JAMES MITCHELL	<b>FOR COURT USE ONLY</b>  <b>FILED</b> Superior Court of California County of Los Angeles <b>01/22/2024</b> David W. Slayton, Executive Officer / Clerk of Court By: <u>A. Aguilar</u> Deputy
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles</b> STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: WILLIAM JAMES MITCHELL DEFENDANT/RESPONDENT: TWIN GALAXIES, LLC	
<b>REQUEST FOR DISMISSAL</b>	
CASE NUMBER: 19STCV12592	
<b>A conformed copy will not be returned by the clerk unless a method of return is provided with the document.</b>	
<b>This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)</b>	

1. TO THE CLERK: Please **dismiss** this action as follows:

- a. (1) ☒ With prejudice (2) ☐ Without prejudice  
 b. (1) ☒ Complaint (2) ☐ Petition  
 (3) ☐ Cross-complaint filed by (name):  
 (4) ☐ Cross-complaint filed by (name):  
 (5) ☐ Entire action of all parties and all causes of action  
 (6) ☐ Other (specify):\*

on (date):

on (date):

2. (Complete in all cases except family law cases.)

The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: January 12, 2024

Kristina Ross

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

\*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed

  
 (SIGNATURE)

Attorney or party without attorney for:

☒ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\*

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

\*\* If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

  
 (SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner ☐ Defendant/Respondent  
☐ Cross-Complainant

4. ☒ Dismissal entered as requested on (date): 01/22/2024

5. ☐ Dismissal entered on (date): as to only (name):

6. ☐ Dismissal **not entered** as requested for the following reasons (specify):

7. a. ☐ Attorney or party without attorney notified on (date):

b. ☐ Attorney or party without attorney not notified. Filing party failed to provide

☐ a copy to be conformed

☐ means to return conformed copy

David W. Slayton, Executive Officer / Clerk of Court

Date: 01/23/2024

Clerk, by A. Aguilar, Deputy

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PLAINTIFF/PETITIONER: WILLIAM JAMES MITCHELL	CASE NUMBER:
DEFENDANT/RESPONDENT: TWIN GALEXIES, LLC	19STCV12592

### COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

### Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:
2. The person named in item 1 is *(check one below)*:
  - a. ☐ not recovering anything of value by this action.
  - b. ☐ recovering less than \$10,000 in value by this action.
  - c. ☐ recovering \$10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. All court fees and court costs that were waived in this action have been paid to the court *(check one)*: ☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)



\_\_\_\_\_  
(SIGNATURE)

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**PROOF OF SERVICE**

**STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

At the time of service, I was over 18 years of age and not a party to this action. I am employed in the County of Los Angeles, State of California. My business address is 801 S. Figueroa St, 15th Floor, Los Angeles, CA 90017-3012.

On January 22, 2024, I served true copies of the following document(s) described as **REQUEST FOR DISMISSAL** on the interested parties in this action as follows:

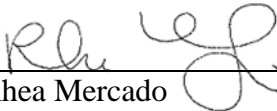
David Tashroudian, Esq.  
Mona Tashroudian, Esq.  
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T: (818) 561-7381  
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[mona@tashlawgroup.com](mailto:mona@tashlawgroup.com)

*Attorney for Defendants,  
TWIN GALAXIES*

**BY E-MAIL OR ELECTRONIC TRANSMISSION:** I caused a copy of the document(s) to be sent from e-mail address [rhea.mercado@manningkass.com](mailto:rhea.mercado@manningkass.com) to the persons at the e-mail addresses listed in the Service List. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 22, 2024, at Los Angeles, California.

  
\_\_\_\_\_  
Rhea Mercado