

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: David A. Tashroudian FIRM NAME: Tashroudian Law Group, APC STREET ADDRESS: 12400 Ventura Blvd., No. 300 CITY: Studio City TELEPHONE NO.: (818) 561-7381 E-MAIL ADDRESS: david@tashlawgroup.com ATTORNEY FOR (name): Twin Galaxies, LLC STATE BAR NUMBER: 266718 STATE: CA ZIP CODE: 91604 FAX NO.: (818) 561-7381	FOR COURT USE ONLY FILED Superior Court of California County of Los Angeles 01/22/2024 David W. Slayton, Executive Officer / Clerk of Court By: <u>A. Aguilar</u> Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, 90012 BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: William James Mitchell DEFENDANT/RESPONDENT: Twin Galaxies, LLC	
REQUEST FOR DISMISSAL	
CASE NUMBER: 19STCV12592	
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
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.)	

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): Twin Galaxies, LLC on (date): 2/4/2021

(4) ☐ Cross-complaint filed by (name): on (date):

(5) ☐ Entire action of all parties and all causes of action

(6) ☐ Other (specify):*

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: 1/22/2024

David A. Tashroudian

(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

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

Date: 1/22/2024

David A. Tashroudian

(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).

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

Date: 01/23/2024

Clerk, by A. Aguilar Deputy

David W. Slayton, Executive Officer / Clerk of Court

PLAINTIFF/PETITIONER: William James Mitchell
 DEFENDANT/RESPONDENT: Twin Galaxies, LLC

CASE NUMBER:
 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)

1
2
3 **PROOF OF SERVICE**

4 Case No. 19STCV12592

5 I am a resident of the State of California, over the age of eighteen years, and not a party to the
6 within action. My business address is **TASHROUDIAN LAW GROUP, APC**, located 12400
7 Ventura Blvd., Suite 300, Studio City, California 91604. On January 22, 2024, I served the
8 herein described document(s):

9 **REQUEST FOR DISMISSAL**

10 by transmitting via facsimile the document(s) listed above to the fax number(s)
11 set forth below on this date before 5:00 p.m.

12 by placing the document(s) listed above in a sealed envelope with postage
13 thereon fully prepaid, in the United States mail at Woodland Hills, California
14 addressed as set forth below.

15 E-File - by electronically transmitting the document(s) listed above to
16 X tony.ellrod@manningkass.com pursuant to an agreement of the parties in lieu
17 personal service.

18 Anthony J. Ellrod tony.ellrod@manningkass.com
19 MANNING & KASS
20 ELLROD, RAMIREZ, TRESTER LLP
21 801 S. Figueroa St, 15th Floor
22 Los Angeles, California 90017-3012

Attorneys for Plaintiff
WILLIAM JAMES MITCHELL

23 I am readily familiar with the firm's practice of collection and processing correspondence
24 for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same
25 day with postage thereon fully prepaid in the ordinary course of business. I am aware that on
26 motion of the party served, service is presumed invalid if postal cancellation date or postage
27 meter date is more than one day after date of deposit for mailing in affidavit.

28 I declare under penalty of perjury under the laws of the State of California that the above
is true and correct. Executed on January 22, 2024 at Woodland Hills, California.



Mona Tashroudian