

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Clifford A. Chanler, State Bar No. 135534
THE CHANLER GROUP
2560 Ninth Street, Parker Plaza, Suite 214
Berkeley, CA 94710
TELEPHONE NO.: (510) 848-8880 FAX NO. (Optional): (510) 848-8118
E-MAIL ADDRESS (Optional): clifford@chanler.com
ATTORNEY FOR (Name): Plaintiff, Laurence Vinocur

FOR COURT USE ONLY

ELECTRONICALLY FILED
Superior Court of California, County of San Francisco
11/27/2018
Clerk of the Court
BY: MADONNA CARANTO
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco
STREET ADDRESS: 400 McAllister Street
MAILING ADDRESS:
CITY AND ZIP CODE: San Francisco 94103
BRANCH NAME: Civil Unlimited

PLAINTIFF/PETITIONER: Laurence Vinocur
DEFENDANT/RESPONDENT: Premier Accessory Group, LLC, et al.

REQUEST FOR DISMISSAL
[] Personal Injury, Property Damage, or Wrongful Death
[] Motor Vehicle [] Other
[] Family Law [] Eminent Domain
[X] Other (specify): Health and Safety Code § 25249.6 et seq. (Prop. 65)

CASE NUMBER: CGC-18-570909

- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -

- 1. TO THE CLERK: Please dismiss this action as follows:
a. (1) [] With prejudice (2) [X] Without prejudice
b. (1) [X] Complaint (2) [] Petition
(3) [] Cross-complaint filed by (name):
(4) [] Cross-complaint filed by (name):
(5) [X] 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.)

[] Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: November 26, 2018

Clifford A. Chanler

[Handwritten Signature]

(TYPE OR PRINT NAME OF [X] 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.

Attorney or party without attorney for:

[X] 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)

(SIGNATURE)

** 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).

Attorney or party without attorney for:

[] Plaintiff/Petitioner [] Defendant/Respondent
[] Cross-Complainant

(To be completed by clerk)

- 4. [] Dismissal entered as requested on (date):
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

DISMISSAL ENTERED

Date:

Clerk, by

, Deputy

PLAINTIFF/PETITIONER: Laurence Vinocur	CASE NUMBER:
DEFENDANT/RESPONDENT: Premier Accessory Group, LLC, et al.	CGC-18-570909

Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for *(name)*:
2. The person in item 1 *(check one)*:
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is 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 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

I am employed in the County of Alameda, State of California. I am a citizen of the United States, over the age of 18 years, and not a party to the within action. My business address is 2560 Ninth Street, Parker Plaza, Suite 214, Berkeley, California 94710-2565.

On November 26, 2018, I caused to be served the following document(s), described as,

REQUEST FOR DISMISSAL

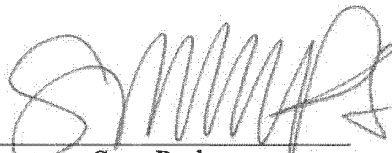
on each interested party as follows:

Brian A. Bloom, Esq.
Moritt Hock & Hamroff LLP
400 Garden City Plaza
Garden City, NY 11530
*Attorneys for Premier Accessory
Group, LLC*

Sam Esses, President
Premier Accessory Group LLC
305 Clearview Road
Edison, NJ 08837

XXXXXX (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a sealed envelope addressed to each interested party as set forth above. I placed each such envelope, with postage thereon fully prepaid, for collection and mailing at The Chanler Group, located in Berkeley, California. I am readily familiar with The Chanler Group's practice for collection and processing of documents for mailing with the United States Postal Service. Under that practice, the documents are deposited with the United States Postal Service on the same day in the ordinary course of business.

Executed this 26th day of November 2018, at Berkeley, California. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.


Sara Parks