

WITHDRAWAL

JD-CV-41 Rev. 1-18

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Instructions:

1. Complete this form by selecting any applicable withdrawal categories below.
2. File with the clerk.

Docket number

HHB-CV-25-6097932-S

Return date (For Civil and Housing cases only)

Aug-26-2025

Answer date (For Small Claims cases only)

Name of case (First-named Plaintiff vs. First-named Defendant)

CITY OF BRISTOL v. TRULIEVE EAST MAIN STREET, LLC C/O ITS AGENT KIMBE☒ Judicial District ☐ Housing Session

Address of court (Number, street, town and zip code)

20 FRANKLIN SQUARE NEW BRITAIN, CT 06051**Dispositive (Complete) Withdrawal**

(Do not check the following two boxes if any intervening complaints, cross complaints, counterclaims, or third party complaints remain pending in this case. See below for partial withdrawal of action.)

(WDACT) ☒ The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.(WOARD) ☐ A judgment has been rendered against the following Defendant(s):

_____ and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

Partial Withdrawal**The following pleading(s), motion(s) or other paper(s) in the case named above is or are withdrawn:**(WDCOMP) ☐ Complaint (WAPPCOM) ☐ Apportionment Complaint(WOC) ☐ Counterclaim (WDINTCO) ☐ Intervening Complaint(WDCC) ☐ Cross Complaint (cross claim) (WDTHPC) ☐ Third Party Complaint(WDCOUNT) ☐ Counts of the complaint: _____(WOAAP) ☐ Plaintiff(s): _____(WOAAD) ☐ Complaint against defendant(s): _____ only without costs(WOM) ☐ Motion: _____☐ Other: _____**Signature of Filer(s)**

Party	P-01 CITY OF BRISTOL	; By	LYNNE A USTACH	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party
Party	_____	; By	_____	Attorney or Self-represented party

Name & Address of Filer(s):**LYNNE A USTACH****450 Main Street, Suite 202, New Britain, Ct 05051****Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) **Oct-16-2025** to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to*

TRULIEVE EAST MAIN STREET, LLC C/O ITS AGENT KIMBERLY RIVERS (No Appearance) - c/o its agent Kimberly Rivers 3494 Martin Hurst Rd., Tallahassee, Florida 33312**For Court Use Only**

*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Signed (Signature of filer)

304200

Print or type name of person signing

LYNNE A USTACH

Date signed

Oct-16-2025

Mailing address (Number, street, town, state and zip code)

450 MAIN ST STE 202 NEW BRITAIN, CT 06051

Telephone number

860-223-3999